



Hour Glass Calendars

www.hourglasscalendars.com

ASI 51950 SAGE 56890 UPIC hourglss Customer Fax: 740-622-5286

Credit Application

Business Name: _____

Address: _____

City/State/Zip: _____

Contact Name: _____ Title: _____

ASI #: _____ PPAI #: _____

Telephone: _____ Fax: _____

Yrs in Business: _____ Number of Salespeople: _____

Email Address: _____

TRADE REFERENCES

Name and Address:

1) _____ _____ _____	Telephone: _____ Fax: _____ Acct #: _____
2) _____ _____ _____	Telephone: _____ Fax: _____ Acct #: _____
3) _____ _____ _____	Telephone: _____ Fax: _____ Acct #: _____

BANK REFERENCES

Name and Address:

1) _____ _____ _____	Telephone: _____ Fax: _____ Acct #: _____
----------------------------	---

Contact: _____

By signing this form, I give consent to a credit search on my organization both now and at any future date.
I certify that the above information is accurate.

_____ Signature	_____ Title	_____ Date
--------------------	----------------	---------------

Please fax completed form to our Credit Dept. at 740-622-5286

ELLIOTT CALENDAR COMPANY

1148 Walnut St. • P.O. Box 250 • Coshocton, OH 43812 • 740-622-3113 • 800-848-9163