



INKCUPS NOW OPEN ACCOUNT APPLICATION

Company Name: _____ Phone: (____) _____
 Fax: (____) _____ E-mail: _____
 Street: _____ P. O. Box: _____
 City: _____ State: _____ Zip: _____ FED ID: _____
 Type of Business: _____
 Tax Exempt: _____
 Owner/President: _____
 Corporation Type: _____

Bank Name: _____ Phone: (____) _____
 Bank Account#: _____ Contact Name: _____
 Dun & Bradstreet number: _____

Trade References

Company: _____ Tel: (____) _____
 E-mail: _____ Fax: (____) _____
 Street: _____ City: _____ State: _____ Zip: _____
 Contact Name: _____

Company: _____ Tel: (____) _____
 E-mail: _____ Fax: (____) _____
 Street: _____ City: _____ State: _____ Zip: _____
 Contact Name: _____

Company: _____ Tel: (____) _____
 E-mail: _____ Fax: (____) _____
 Street: _____ City: _____ State: _____ Zip: _____
 Contact Name: _____

Terms and Conditions:

1. All information supplied will be treated as confidential.
2. Inkcups Now Corp. advises that all the information obtained will be used to determine the company's PO/Terms/Open Account acceptability.
3. Inkcups Now, Corp. Terms are Net 30 Days.
4. For partial shipments, Inkcups Now, Corporation reserves the right to expect payment within terms for the product shipped and received.

I have read and understand the above terms and conditions. I hereby authorize Inkcups Now, Corp. to make inquires regarding the credit of my company, for the purpose of establishing an open account with Inkcups Now Corp. for my company.

Print Name _____
Title

Signature _____
Date