



Customer Service: (405) 354.3644
Fax Orders: (405) 354.3645
Email Orders: orders@colorriteinc.com
Credit Department: accounting@colorriteinc.com
600 S. Ranchwood Boulevard
Yukon, Oklahoma 73099

Re: Credit Application—Color Rite, Inc.

Thank you for your interest in opening a credit account with Color Rite, Inc. Please complete **both pages** of the attached Credit Application in full (incl: fax number, email address, contact person). Attach copies of corporate officers, bank references, credit references, exemption certificate, and Sale & Use tax documents. If you have more than one location *or* your company is affiliated with a parent or other company, *please* list them individually. Your account will be recognized by the location's telephone number *or* the location's name listed on the credit application.

Unfortunately, if an application is returned unsigned or incomplete it will delay the process of setting up your account. **Please return to the above fax number or email to the Credit Department at accounting@colorriteinc.com.**

We would like to take this opportunity to briefly set forth our policy to maintaining an open account of Net. 30 These requirements are as follows:

- ***Invoices are payable by check or ACH transfer within thirty (30) days from invoice date.***
- ***Credit cards will not be accepted for payment.***
- ***Account must be active at least four (4) times annually to remain an open account.***
- ***A \$50.00 charge will be added for returned checks with insufficient funds.***
- ***Orders expedited by FedEx must have a freight amount quoted and approved in writing before it will ship.***
- ***Your account will be reviewed at the end of 6 months.***

Thank you for your cooperation and interest in our company. We look forward to a productive business future together.

Regards,
COLOR RITE, INC.
Credit Department



600 S. Ranchwood Boulevard
Yukon, Oklahoma 73099
Tel. 405.354.3644 Fax 405.354.3645

Credit Application

Please complete ALL information below, delays are possible if returned incomplete.
Attach copies of corporate officers, bank references, credit references, exemption certificate, and
Sale & Use tax documents. If more than one location, or affiliated with another company please
list individually with appropriate information. Return by fax or email ATTN: Credit Department.

FAX 405.354.3645 or Email: ACCOUNTING@COLORRITEINC.COM

COMPANY INFORMATION

Company name: _____
Contact: _____ Email: _____
Address: _____
City, State, ZIP: _____
Telephone: (____) _____ FAX: (____) _____
Type of business: _____ Year business opened: _____

BILL TO

Company name: _____
A/P Contact: _____ Email: _____
Address: _____
City, State, ZIP: _____
Telephone: (____) _____ FAX: (____) _____

SHIP TO

Company name: _____
Purchasing Contact: _____ Email: _____
Address: _____
City, State, ZIP: _____
Telephone: (____) _____ FAX: (____) _____

BANK REFERENCE

Name: _____ Date acct. opened: _____
Contact person: _____ Title: _____
Address: _____
City, State, ZIP: _____
Telephone: (____) _____ FAX: (____) _____ Email: _____

→ The undersigned company hereby agrees that should a Net. 30 - credit account be opened, and in the event of default in the payment of any amount due, or if such account is submitted to a collection authority, the undersigned company agrees to pay an additional charge equal to the cost of collection by applying for credit with said company.

Company Name: _____
Printed Name: _____ Date: _____
Signature: _____ Title: _____



INCORPORATED
600 S. Ranchwood Boulevard
Yukon, Oklahoma 73099
Tel. 405.354.3644 Fax 405.354.3645

Credit References

Please complete ALL information below, delays are possible if returned incomplete.
Any information shared by your references will be strictly confidential.
Return by fax or email ATTN: Credit Department.

FAX 405.354.3645 or Email: ACCOUNTING@COLORRITEINC.COM

1.) Company name: _____
Contact person: _____ Email: _____
Address: _____
City, State, ZIP: _____
Telephone: (_____) _____ FAX: (_____) _____

2.) Company name: _____
Contact person: _____ Email: _____
Address: _____
City, State, ZIP: _____
Telephone: (_____) _____ FAX: (_____) _____

3.) Company name: _____
Contact person: _____ Email: _____
Address: _____
City, State, ZIP: _____
Telephone: (_____) _____ FAX: (_____) _____

4.) Company name: _____
Contact person: _____ Email: _____
Address: _____
City, State, ZIP: _____
Telephone: (_____) _____ FAX: (_____) _____

5.) Company name: _____
Contact person: _____ Email: _____
Address: _____
City, State, ZIP: _____
Telephone: (_____) _____ FAX: (_____) _____