

Ink Works
2217 Airway Ave. Suite 3
Fort Collins CO, 80524



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Charge Account Form

Company Information:

Company Name _____
Company Phone Number _____
Main Contact _____
Main Number _____
Main Email _____
Company Fax Number _____
Alternate Contact _____
Alternate Number _____
Alternate Email _____

Persons Authorized to use your account:

Billing Information:

Billing Address _____
Accounts Payable Contact _____
City, State, Zip _____
Phone Number _____

Mailing Information:

Same as billing address? Yes No

Mailing Address _____
City, State, Zip _____

Credit Information:

1. Name _____
City/State/Zip _____
Street Address _____
Phone Number _____
2. Name _____
City/State/Zip _____
Street Address _____
Phone Number _____

Bank Name & Address _____
Account# _____ Officer To Contact _____ Phone _____

By signing you are accepting the terms as follows:

Signature Printed Name Date

Invoices for purchases in a calendar month are due and payable on or before the end of the following month. The terms are stated on invoices as "30 Days E.O.M." A statement will be sent to all "Open Account" customers with a balance at month end. Any Invoice unpaid after thirty days of statement date may be assessed a 1.5% per month late charge.