



**Odyssey Press Inc.**

THE ORIGINAL ULTRASHORT RUN PRINTER™

22 Nadeau Drive • PO Box 7307 • Gonic, NH 03839-7307 • USA

## Bank & Trade References Request

Company Name \_\_\_\_\_

Please check one below:

Corporation \_\_\_\_\_ Proprietorship \_\_\_\_\_ Partnership \_\_\_\_\_

Federal Tax ID Number \_\_\_\_\_

Length of Time In Business \_\_\_\_\_ years

Company Address \_\_\_\_\_

\_\_\_\_\_

Telephone Number \_\_\_\_\_

Fax Number \_\_\_\_\_

Business Operated From:

\_\_\_\_\_ Commercial Address

\_\_\_\_\_ Residential Address

Time At Current Address \_\_\_\_\_

Accounts Payable Contact \_\_\_\_\_

A/P Telephone \_\_\_\_\_ A/P Fax \_\_\_\_\_

A/P email \_\_\_\_\_

Billing Address \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_



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## Principals

Name \_\_\_\_\_

Title \_\_\_\_\_

Address \_\_\_\_\_

\_\_\_\_\_

Name \_\_\_\_\_

Title \_\_\_\_\_

Address \_\_\_\_\_

\_\_\_\_\_

## Trade References

Company Name \_\_\_\_\_

Address \_\_\_\_\_

\_\_\_\_\_

Contact \_\_\_\_\_

Telephone Number \_\_\_\_\_ Fax Number \_\_\_\_\_

Company Name \_\_\_\_\_

Address \_\_\_\_\_

\_\_\_\_\_

Contact \_\_\_\_\_

Telephone Number \_\_\_\_\_ Fax Number \_\_\_\_\_

Company Name \_\_\_\_\_

Address \_\_\_\_\_

\_\_\_\_\_

Contact \_\_\_\_\_

Telephone Number \_\_\_\_\_ Fax Number \_\_\_\_\_



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## Bank Information

Bank Name \_\_\_\_\_

Contact \_\_\_\_\_

Phone \_\_\_\_\_ Fax \_\_\_\_\_

Address \_\_\_\_\_

Account Number \_\_\_\_\_

Account Number \_\_\_\_\_

Loan Number \_\_\_\_\_

This information is submitted to Odyssey Press Inc. for the purpose of establishing a business relationship and determining payment terms. Odyssey Press Inc. reserves the right to decline credit to any applicant and, in the event where credit is extended to an applicant, Odyssey Press Inc. reserves the right to change or revoke an applicant's credit limit/payment terms on the basis of changes with Odyssey Press Inc. credit policies or applicants financial conditions and/or payment records.

By signing this application, the applicant certifies that all information provided is correct and to the best of the applicant's knowledge. Applicant hereby authorizes the release of credit and banking information listed on this application. This form may be reproduced or photocopied and a faxed copy shall be as effective consent as the original, which has been signed.

Authorized Signature \_\_\_\_\_

Print Name and Title \_\_\_\_\_

Date \_\_\_\_\_