

# THE CANVAS ART GROUP

I M A G E R Y D E F I N E D

## CUSTOMER APPLICATION

### Contact Information:

Company Name \_\_\_\_\_  
Phone # (\_\_\_\_) \_\_\_\_\_ Fax # (\_\_\_\_) \_\_\_\_\_ Email \_\_\_\_\_  
Mailing Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Shipping Address (if different) \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Owner/Pres. \_\_\_\_\_ Buyer \_\_\_\_\_ Acc. Payable \_\_\_\_\_

### Business Identification:

Sole Proprietorship  Partnership  Limited Liability Company  Corporation  
Years in Business \_\_\_\_\_ Has the company ever filed bankruptcy?  Yes  No Years at Location \_\_\_\_\_  
Tax Exempt ID# \_\_\_\_\_ State ID # \_\_\_\_\_ Federal ID # \_\_\_\_\_  
Lyon's?  Yes  No Lyon's # \_\_\_\_\_

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Note: We require four credit references with complete mailing address, phone numbers, and account numbers, or you can attach your separate reference sheet.

### Bank Reference:

Bank Name \_\_\_\_\_ Bank Acct. No. \_\_\_\_\_  
Mailing Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Phone # \_\_\_\_\_ Fax # \_\_\_\_\_

### Credit Reference:

- |   |   |
|---|---|
| 1. Name: _____<br>Address: _____<br>City: _____ State: _____ Zip: _____<br>Acct No: _____ Phone: _____<br>Fax # Required: _____ | 2. Name: _____<br>Address: _____<br>City: _____ State: _____ Zip: _____<br>Acct No: _____ Phone: _____<br>Fax # Required: _____ |
| 3. Name: _____<br>Address: _____<br>City: _____ State: _____ Zip: _____<br>Acct No: _____ Phone: _____<br>Fax # Required: _____ | 4. Name: _____<br>Address: _____<br>City: _____ State: _____ Zip: _____<br>Acct No: _____ Phone: _____<br>Fax # Required: _____ |

