

Chesapeake Custom Print & Ship

101 Marlboro Ave Suite 11

Easton, MD 21601

Phone: 410-819-0246

Fax: 410-819-0136

info@chesapeakeprint.com**Invoice Account Request Form**

I, _____ request that an open account be established with
(printed name)

Chesapeake Custom Print and Ship for _____
(company name)

Account Information

Company Name: _____

Address: _____

Phone: _____

Email Address (for billing and statements): _____

Tax Exempt Number (if applicable): _____

Person(s) authorized to make purchases on this account are listed below:

_____	_____
_____	_____
_____	_____

I understand/agree that account billing terms are net30 days from statement end date. Note appropriate finance charges of 1.5% will be applied to any delinquent account balance. I further agree to accept total financial responsibility for all debts incurred with Chesapeake Custom Print and Ship by the above company/individual or authorized individuals.

Any account that remains unused for 12 months, or becomes seriously delinquent will be closed.

(Signature)_____
(Printed Name)_____
(Title)_____
(Date)

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