



the YGS group
integrated publishing solutions

New Account Application

Phone: (717) 505-9701 Fax: (717) 505-9720

Full Corporate Name: _____

D/B/A or Trade Name: _____

Street address _____

Billing address (if different) _____

Phone # _____ Fax# _____ E-mail: _____

Person to contact regarding payments: _____

Business structure:

- Corporation Partnership/proprietorship LLC Other

If owned by another company: Division Subsidiary

Parent Co. name and address _____

Type of business: _____ Year established: _____ Number of employees: _____

Approximate credit line desired: _____ Purchase order required? Yes No

Tax status: Taxable Exempt (exemption certificate required)

Federal ID # _____

Officers:

Name	Title
_____	_____
_____	_____
_____	_____

Trade References (please include previous printers or compositors):

Name	Address	Phone #	Fax#
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Bank Reference(s)

Bank	Acct #	Acct. type	Phone #	Fax #
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

The above information is given for the purpose of obtaining credit and is warranted to be true. We hereby authorize The YGS group to contact the above references regarding our credit and financial responsibility. Further, if credit is extended, the applicant agrees to the payment terms set forth by York Graphic Services.

Dated _____ Signed _____