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387 Chestnut Ave NE Warren, Ohio 44483

Credit Application

Please fill in the information below and fax or email to sally@color3.com.
You will be contacted upon approval of credit terms.

Company Name: _____

Company is a: Corporation Partnership Sole Proprietorship

Owner/Partner's Name(s): _____

Home Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ E-mail: _____

Bank Name: _____

Bank Address: _____

City: _____ State: _____ Zip: _____

Vendor References

1. Company Name: _____

Address: _____ Fax: _____

City: _____ State: _____ Zip: _____

2. Company Name: _____

Address: _____ Fax: _____

City: _____ State: _____ Zip: _____

3. Company Name: _____

Address: _____ Fax: _____

City: _____ State: _____ Zip: _____

Color 3 Use Only

Credit Limit Granted \$ _____ Terms: _____ Date: _____