

CUSTOMER INFORMATION

		COSTONIEN					
COMPANY NAME:							
CONTACT:							
E-MAIL:				PHONE:			
MOBILE:				FAX:			
		CUSTOM	ER ADDRES	SS			
BILLING ADDRESS:							
STREET ADDRESS:							
CITY:				STATE:		ZIP CODE:	
ACCOUNT PAYABLE CONTACT							
COMPANY NAME:							
CONTACT:							
E-MAIL:				PHONE:			
MOBILE:				FAX:			
INVOICING OPTIONS							
FAX:		EMAIL:					MAIL
PAYMENT INFORMATION							
CREDIT CARD TYPE	VISA	MASTERCARD	AM	IERICAN EXPRI	ESS	DISCOVER	
CREDIT CARD #			AUTH.#:			EXP:	
CA	ARD HOLDER NAME						
CARD H	OLDER SIGNATURE						
I hearby release and authorize the use of the above credit card to Absolute Color Note: The following Credit Application must be submitted if you are seeking Net 30 day credit terms.							
	Note. The Johowin	g Creat Application mus	be submitted	ij you ure seei	any ivet 30 ac	Ty Credit terris.	
_		IND	USTRY				
GOVERNMENT AGENCY		INDUSTR	INDUSTRIAL HYGIENE		EDUCATION GROUP		
ENVIRO	NMENT	NON-PROFIT		OTHER			
		Please email to: inf	_				
QUESTIONS, call us at 713-996-0202 Absolute Color must be notified-via email (info@absolutecolor.com) or by phone-about any invoicing disputes within 60 days of the invoice date, Any							
Absolute Color must b		isputes received after that p				0 days of the invo	oice date, Any
	Please note our re	emit to address: Absolute	e Color 5810 W	/indfern Rd. H	ouston, TX 7	7041	
		CREDIT CAR	D GUARAN	TEE			
By siging below, cu	stomer hereby author	orizes Absolute Color to o	charge all past	due invoices (60 days past t	he invoice date	<u>2</u>)
to the company credit card or personal credit card listed on page one of this document or on files. Absolute Color will notify customer prior to charging the credit card. Delinquent accounts (older than 90 days) are subject to collections, all collection							
customer prior to cl		rd. Delinquent accounts (ey's fees and court costs a				ons, all collection	on
Authorized Signature: Date:							
Printed Name & 1					Date.		
Timed Name & I	10.00						