

CHECK APPLICATION

McCreary's Tees

4121 E. Raymond Street

Phoenix, Az. 85040

Phone: 602-470-4200 Toll Free: 800-541-1141 Fax: 602-470-4207

Company name: _____

Billing Address: _____

City: _____ State: _____ Zip: _____ Business Start Date: _____

Phone: _____ Fax: _____

A/P Contact: _____ **Type of Business:** _____

Owners/Partners/Officers Structure: Corporation ___ Partnership ___ Sole Proprietor ___ LLC ___

Name: _____ Title: _____

SSN #: _____ or State DL#: _____ **(One is required)**

Name: _____ Title: _____

SSN#: _____ or State DL#: _____ **(One is required)**

****PLEASE ATTACH A VOIDED COPY OF YOUR CHECK****

Bank Information

Bank Name: _____ Contact/Phone Number: _____

Account Number (required): _____

City: _____ State: _____ Zip: _____

I attest that all of the above information is true and correct and I authorize the bank listed above to release the information requested by McCreary's Tees concerning our account. I understand that a \$30.00 charge will be assessed for any check returned, for any reason. There is a maximum limit of \$1,000.00 check writing privileges.

Authorized Signature: _____

Print name: _____

Title: _____ Date: _____

Office use only: Date _____ Approved ___ Declined ___ Initials _____

Notes _____