



Client Profile Application

General Information

Company Name: _____

Address: _____

City, State, Zip: _____

Phone: _____ Fax: _____

Account Information

Purchasing Contact: _____

Email: _____ Phone: _____

Accounts Payable Contact: _____

Email: _____ Phone: _____

Preferred Method of Delivery for Invoices: Email Print

Email Address for Invoice Delivery: _____

PO's required for Invoices: Yes No

Any other billing procedures? _____

Preferred Payment Method: Check ACH

Credit References

Name: _____ Phone No.: _____ Fax No.: _____

Address: _____

City, State, Zip: _____

Name: _____ Phone No.: _____ Fax No.: _____

Address: _____

City, State, Zip: _____

Customer Signature: _____ **Date:** _____

Please return application to Anne Schneider at aschneider@schneider-graphics.com

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Fax: 847.550.4311
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