

CREDIT APPLICATION

CORPORATION
 LIMITED PARTNERSHIP
 PARTNERSHIP
 INDIVIDUAL

APPLICANT PROFILE

APPLICANT'S COMPLETE LEGAL NAME		DBA NAME (IF APPLICABLE)		
BUSINESS ADDRESS	CITY	STATE	ZIP CODE	PHONE NUMBER
BILLING ADDRESS	CITY	STATE	ZIP CODE	PHONE NUMBER
NO. OF YRS. ESTABLISHED	DATE PRESENT OWNERSHIP BEGAN	CREDIT LIMIT REQUESTED	FREQUENCY OF PRINTING, (WEEKLY, MONTHLY, ETC.)	
HAVE YOU PREVIOUSLY PRINTED WITH US? <input type="checkbox"/> YES <input type="checkbox"/> NO	UNDER WHAT NAME?	ACCOUNT NUMBER	DATE	
IF PARTNERSHIP OR INDIVIDUAL, PLEASE COMPLETE USE ADDITIONAL SHEETS IF NECESSARY	OWNER/PARTNER NAME	LIMITED /PARTNER? <input type="checkbox"/> YES <input type="checkbox"/> NO	SOCIAL SECURITY NUMBER	HOME PHONE
	HOME STREET ADDRESS	CITY	STATE	ZIP CODE
	OWNER/PARTNER NAME	LIMITED /PARTNER? <input type="checkbox"/> YES <input type="checkbox"/> NO	SOCIAL SECURITY NUMBER	HOME PHONE
	HOME STREET ADDRESS	CITY	STATE	ZIP CODE
IF INCORPORATED, PLEASE COMPLETE AND INDICATE DATE AND STATE OF INCORPORATION <u>STATE OF INCORP.</u> <u>DATE OF INCORP.</u>	OFFICER NAME	TITLE	SOCIAL SECURITY NUMBER	HOME PHONE
	HOME STREET ADDRESS	CITY	STATE	ZIP CODE
	OFFICER NAME	TITLE	SOCIAL SECURITY NUMBER	HOME PHONE
	HOME STREET ADDRESS	CITY	STATE	ZIP CODE

BANK REFERENCES

BANK NAME & ADDRESS	CONTACT	PHONE #	TYPE OF ACCOUNT	ACCOUNT NUMBER
BANK NAME & ADDRESS	CONTACT	PHONE #	TYPE OF ACCOUNT <small>CK SV LOAN</small>	ACCOUNT NUMBER
BANK NAME & ADDRESS	CONTACT	PHONE #	TYPE OF ACCOUNT <small>CK SV LOAN</small>	ACCOUNT NUMBER

PRINTING/TRADE REFERENCES - FOUR REQUIRED WITH COMPLETE ADDRESS & PHONE NUMBER

NAME	CONTACT PERSON	ACCT. NUMBER	HOW LONG TRADED?
MAILING ADDRESS	CITY	STATE	ZIP CODE
PHONE NUMBER			
NAME	CONTACT PERSON	ACCT. NUMBER	HOW LONG TRADED?
MAILING ADDRESS	CITY	STATE	ZIP CODE
PHONE NUMBER			
NAME	CONTACT PERSON	ACCT. NUMBER	HOW LONG TRADED?
MAILING ADDRESS	CITY	STATE	ZIP CODE
PHONE NUMBER			
NAME	CONTACT PERSON	ACCT. NUMBER	HOW LONG TRADED?
MAILING ADDRESS	CITY	STATE	ZIP CODE
PHONE NUMBER			

NOTE: THIS FORM MUST BE SIGNED ON PAGE 2

If credit is granted by The Company to or for the benefit of the Applicant to The Company.

Credit granted to Applicant may, at the option of The Company, be canceled at any time upon notice to the Applicant.

The Company is authorized to disclose to proper persons and bureaus Applicant's performance of this agreement.

Applicant agrees to pay The Company for all expenses incurred to enforce collection of any amount due

under this agreement, including reasonable attorney's fees and court costs in connection therewith.

The Company and any of its employees, officers, or agents, are authorized to obtain such information as any of them may require concerning Applicant's credit worthiness or the statements made on this form.

Any person to whom this form is presented is authorized to disclose to The Company and any of its employees, officers, or agents any information requested and Applicant

hereby waives any claim against and fully releases from any and all liability such person by reason of any disclosure.

All statements appearing on this application are true and correct and are made for the purpose of obtaining credit from The Company.

This form and all information secured pursuant to its authority shall be and remain the property of The Company whether or not credit is granted.

SIGNATURE OF APPLICANT

TITLE OR POSITION

DATE

FOR OFFICE USE ONLY

SALESPERSON _____ DATE RECEIVED _____

APPROVED _____ DISAPPROVED _____ CREDIT LIMIT _____

SPECIAL TERMS _____

COMMENTS _____

SIGNATURE _____ DATE _____