

PrintOGraphics

5481 Broadway #117, Garland, TX 75043

Credit Application Form

Email: sales@printographics.com

www.PrintOGraphics.com

Phone: (972) 240-7979

Fax: (972) 240-8193

All information must be provided and will be held in strict confidence

Company

Name _____ Years of operation _____
Address _____ Years at this address _____
City _____ State _____ Zip _____
Phone _____ Fax _____ Email _____
Type of entity Corporation Partnership Sole Proprietorship Other _____
TaxID or Social security# _____ Date established _____ Number of Employees _____
Tax exempt? _____ (Please provide an exemption or resale certificate) Annual turnover\$ _____ Credit requested \$ _____
Type of business _____
Type of products you will purchase _____

Owners/Officers

1. _____ Title _____
Home address _____ City _____ State _____ Zip _____
2. _____ Title _____
Home address _____ City _____ State _____ Zip _____
3. _____ Title _____
Home address _____ City _____ State _____ Zip _____
Official purchase agents 1. _____ 2. _____ Purchase order required? _____

Finance (Please provide a signed letter authorizing your bank to verify following information)

Bank name _____ Address _____
Account no _____ Bank officer _____ Phone _____

Trade references

1. _____ Address _____ Phone _____
2. _____ Address _____ Phone _____
3. _____ Address _____ Phone _____

I represent that the above information is true and is given to induce to extend credit to the applicant. My company and I authorize to make such credit investigation as sees fit, including contacting the above trade references and banks and obtaining credit reports. My company and I authorize all trade references, banks, and credit reporting agencies to disclose to any and all information concerning the financial and credit history of my company and myself. I have read the terms and conditions stated below and agree to all of these terms and conditions.

Signature _____
Name _____ Title _____ Date _____

GENERAL TERMS AND CONDITIONS AND PERSONAL GUARANTEE

Bills are sent on the first day of each month. All bills become payable in full on receipt and if not paid by the end of the month are considered past due. Late payment fee of 18% will be collected for the amounts pass due. Returned checks will be charged an additional \$35 for the service fee. No additional credit will be extended to past due accounts unless satisfactory arrangements are made with our credit department.

PERSONAL GUARANTEE: IF THE CREDIT CUSTOMER IS A CORPORATION, THEN THOSE SIGNING THIS APPLICATION, WHETHER SIGNING AS AN OFFICER OR NOT, PERSONALLY GUARANTEE PAYMENT FOR ALL ITEMS PURCHASED ON CREDIT BY THE CORPORATION.