



CREDIT APPLICATION

BUSINESS INFORMATION

Business Name: _____ Year Established: _____
Type of Organization: _____ Incorporated As: C-Corp S-Corp Sole Proprietor LLC
Billing Address: _____
City: _____ State: _____ Zip _____
Email: _____ Phone: _____ Fax: _____
Owner/Principal: _____ % Ownership: _____
Address: _____ Phone: _____
City: _____ State: _____ Zip _____
Credit Amount Requested: _____ Federal ID No: _____
Dunn & Bradstreet Number: _____
Are You Tax Exempt: No Yes (If Yes, fax copy of certificate) Resale No: _____

PLEASE LIST 3 CURRENT TRADE REFERENCES

VENDOR 1: _____
Address: _____
City: _____ State: _____ Zip _____
Contact Name: _____ Phone: _____ Fax: _____
Length of Relationship with Vendor: _____ Average Monthly Balance: _____

VENDOR 2: _____
Address: _____
City: _____ State: _____ Zip _____
Contact Name: _____ Phone: _____ Fax: _____
Length of Relationship with Vendor: _____ Average Monthly Balance: _____

VENDOR 3: _____
Address: _____
City: _____ State: _____ Zip _____
Contact Name: _____ Phone: _____ Fax: _____
Length of Relationship with Vendor: _____ Average Monthly Balance: _____

PRIMARY BUSINESS BANKING INFORMATION

Bank Name: _____

Address: _____

City: _____ State: _____ Zip _____

Contact Name: _____ Phone: _____ Fax: _____

Length of Relationship: _____ Average Daily Balance: _____

SIGNATURE AUTHORIZATION

PLEASE READ THE FOLLOWING DISCLAIMER

The preceding information is for the purpose of obtaining credit and is warranted to be true. I/We hereby authorize United Printing and Mailing to investigate all references and customary credit information sources including consumer credit reporting repositories regarding my/our credit and financial responsibility for the purpose of obtaining credit periodic review for the purpose of maintaining the credit relationship. CREDIT POLICY: C.O.D. restrictions may be placed on any past due account. CREDIT TERMS: **Normal billing terms are Net 15 days from the date work is completed and stamped proof of mailing (not from the date invoice is recieved).** An annual percentage rate of 21% (or a monthly periodic rate of 1.75%) will be added to all amounts past due. VENUE: All amounts due for purchases from United Printing & Mailing are payable to 4833 S. 38th Street Phoenix, Arizona 85040. It is further agreed that this agreement is entered into in the state of Arizona and is governed by the laws of the state of Arizona. In the event of default, and if this account is turned over to an agency and/or an attorney for collection, the undersigned agrees to pay all reasonable attorney fees, and/or costs of collection whether or not suit is filed. I/We certify that this request is for the extension of credit for business purposes only and not for the extension of credit for personal, family or household purposes. APPLICANT'S SIGNATURE ATTESTS FINANCIAL RESPONSIBILITY, ABILITY AND WILLINGNESS TO PAY IN ACCORDANCE WITH ABOVE TERMS.

I understand and accept the terms and conditions outlined above.

I am authorized to sign on behalf of the above organization. Yes No

Signed Name: _____ Printed Name: _____

Title: _____ Date: _____ Witness: _____