

STANDARD GRAPHIC COMMUNICATIONS CREDIT APPLICATION

Firm Name _____ Date _____
 Address _____ Phone _____
 City _____ State _____ Zip _____ Own/Rent Building _____
 If rent, from who? _____ Address _____
 Type of Business _____ Owned Since _____

Ownership: Sole Ownership Partnership Corporation Fed Tax ID# _____

Owner _____
 Name _____ Home Address _____ Phone# _____ Social Security # _____
 Partners: (1) _____
 Name _____ Home Address _____ Phone# _____ Social Security # _____
 (2) _____
 Name _____ Home Address _____ Phone# _____ Social Security # _____

Corporation: President _____ Treasurer _____
 Vice President _____ Secretary _____

Bank _____ Checking
 Name/Branch _____ Phone _____ Acct No. _____ Savings
 Account Rep. _____

Bank _____ Checking
 Name/Branch _____ Phone _____ Acct No. _____ Savings
 Account Rep. _____

Trade References _____ Amount of Credit Requested Per Month _____

1) Name _____ Phone _____
 Address _____ City _____ State _____ Zipcode _____
 Terms _____ When Opened _____

2) Name _____ Phone _____
 Address _____ City _____ State _____ Zipcode _____
 Terms _____ When Opened _____

3) Name _____ Phone _____
 Address _____ City _____ State _____ Zipcode _____
 Terms _____ When Opened _____

Applicant's signature attests financial responsibility, ability and willingness to pay our invoices in accordance with our terms. Past due invoices are subject to a late penalty of 1 1/2% per month. Applicant agrees to pay reasonable collection fees (including attorney fees) plus late penalties in case of default.

The Applicant further acknowledges careful reading, understanding and agreement to the Terms and Conditions of Sale which are printed on the reverse of this document. A facsimile application received will be considered an original copy, and the Terms & Conditions appearing on the reverse shall be assumed as having been read and accepted. The applicant hereby authorizes and instructs any person, company or credit reporting agency to compile and furnish any information concerning the applicant and/or the company.

Signed _____ Title _____
 Signed _____ Title _____
 Date _____ Company _____

Billing Address _____
 Required on Invoice: P.O. No. Job No. Job Name Person Ordering
 Credit Limit: _____ Salesperson _____ Information verified by: _____