

CREDIT APPLICATION PLEASE ALLOW UP TO 2 WEEKS TO PROCESS.

Name of Business _____

Business Address (No P.O. Boxes) _____

Phone _____ Fax _____ How Long At This Address? _____ Own Lease

BUSINESS INFORMATION

Sole Proprietorship Partnership Corporation IF CORPORATION: Corp. No. _____ Corp. State _____

How Long In Business? _____ IF NON-PROFIT: No. _____ IF TAX-EXEMPT: No. _____

How much business per month (in dollars) do you expect to do with ALCO PRINTING, INC.? Must Be An Average Of \$1000 Or More Per Month _____

TRADE REFERENCES (PREFERABLY GRAPHIC ARTS & PRINTING RELATED)

1. Name _____ Phone _____ Fax _____

Address _____ City _____ State _____ Zip _____

2. Name _____ Phone _____ Fax _____

Address _____ City _____ State _____ Zip _____

3. Name _____ Phone _____ Fax _____

Address _____ City _____ State _____ Zip _____

BANK REFERENCES

Bank _____ Branch _____ Contact _____ Phone _____

How long with this bank? _____ Checking# _____ Savings# _____

OFFICERS/PARTNERS

1. Name _____ Title _____ Soc. Sec.# _____ Phone _____

Residence Address _____ City _____ State _____ Zip _____

2. Name _____ Title _____ Soc. Sec.# _____ Phone _____

Residence Address _____ City _____ State _____ Zip _____

IF CREDIT IS GRANTED IT IS AGREED TO PAY BILLS AS BECOME DUE. I UNDERSTAND ALL INVOICES ARE PAYABLE 30 DAYS FROM THE ISSUED DATE AND SERVICE CHARGE OF 1.5 % PER MONTH WILL BE ADDED TO ALL PAST DUE INVOICES. IN THE EVENT PAYMENT IS NOT MADE AND ACCOUNT IS REFERRED TO A COLLECTION AGENCY, APPLICANT WILL PAY ALL COSTS OF COLLECTION. IF LEGAL ACTION IS REQUIRED APPLICANT WILL PAY ALL ATTORNEY'S FEES RESULTING FROM SUCH ACTION. I AUTHORIZE THE ABOVE LISTED BANK(S) AND TRADE REFERENCES TO RELEASE TO ALCO PRINTING, INC. ANY CREDIT OR FINANCIAL INFORMATION THAT MAY REQUEST AND FURTHER AGREE IF ALCO PRINTING, INC. GRANTS CREDIT TO COMPLY WITH ABOVE TERMS OF CREDIT.

Authorized By _____ Title _____

Signature _____ Date _____

COMPANY / PERSONAL CREDIT CARD

Credit Card No. _____ Card Type _____ Exp. Date _____

Card Holder Name _____ Driver's License # _____ Exp. Date _____

IF CUSTOMER DOES NOT PAY WITHIN 30 DAYS OF INVOICE BILLING DATE, CUSTOMER HEREBY AUTHORIZES ALCO PRINTING, INC. TO CHARGE THE FULL AMOUNT OF INVOICE BY SUBMITTING THE INVOICE AGAINST CUSTOMER'S CREDIT CARD WITHOUT CUSTOMER'S SIGNATURE.

Signature _____ Date _____