

CREDIT APPLICATION

COMPANY INFORMATION

Company _____

Address _____

City _____ State _____ Zip _____

Phone (O) _____ Phone (M) _____

Fax _____ Email _____

Billing Address _____

City _____ State _____ Zip _____

Accounts Payable Contact _____

Phone _____ Email _____

Accounting Office Hours _____ Main Office Hours _____

Federal ID/Soc. Sec. _____

Tax Exemption Number (if applicable) _____ NY Resale (Y/N) _____

Note: Copy of Exempt Use or NY State Resale Certificate must be submitted with application.

Corporation _____ Partnership _____ Individual _____ Year incorporated _____

Type of Business _____ Credit Line Requested _____

Company Officer _____ Title _____

Company Officer _____ Title _____

Company Officer _____ Title _____

Company Officer _____ Title _____

Are Purchase Orders required for all orders? (Y/N) _____

Who is authorized to schedule and/or book jobs?

What reference information do you require on vendor invoices?

Job Number? (Y/N) _____ Job Title (Y/N) _____ PO Number (Y/N) _____

Purchasing Officer/Producer's Name (Y/N) _____ Fax of Original PO(Y/N) _____



BANK REFERENCE

Bank _____
Address _____
City _____ State _____ Zip _____
Account Number _____ Regular Checking _____
Special Checking _____ Account Signatory _____
Bank Officer _____ Title _____
Phone _____ Fax _____ Email _____

INSURANCE INFORMATION

Insurance Company _____
Phone _____ Fax _____ Email _____
Policy Number _____ Expiration Date _____
Contact _____

BUSINESS CHARGE ACCOUNTS (4)

Reference #1

Company _____
Address _____
City _____ State _____ Zip _____
Phone _____ Fax _____ Email _____
Contact _____ Title _____

Reference #2

Company _____
Address _____
City _____ State _____ Zip _____
Phone _____ Fax _____ Email _____
Contact _____ Title _____

Reference #3

Company _____
Address _____
City _____ State _____ Zip _____
Phone _____ Fax _____ Email _____
Contact _____ Title _____



Reference #4

Company _____

Address _____

City _____ State _____ Zip _____

Phone _____ Fax _____ Email _____

Contact _____ Title _____

PAYMENT GUARANTEE

We hereby make application for credit to PostWorks New York or by any of its divisions. If credit is granted, we agree to pay all bills within the stated terms of sale. We agree to pay a service charge of \$40.00 for any checks returned from our bank unpaid for any reason. Additionally, we understand that a service charge will be assessed at 1.5% per month which is an annual percentage rate of 18% on accounts past due. Should legal action be taken to secure payment for merchandise received, we will be liable for all expenses, including reasonable attorney fees, incurred by PostWorks New York. We agree not to transfer or assign this agreement without the prior written consent of PostWorks New York. Written notification is required for any impending sale of the business, change in composition, and/or change of proprietors, partners or officers. Said notification must be directed to our credit manager. This information is given in confidence for the sole purpose of establishing an account with PostWorks New York. Authorization is hereby given to make inquiry of all my/our trade and financial references including obtaining credit reports from outside credit reporting agencies.

The undersigned unconditionally, jointly and severally guarantee(s) payment to PostWorks New York including any and all service charges, collection costs and attorney's fees incurred as specified above, without prior notice or demand for all amounts heretofore or hereafter owed to PostWorks New York including renewals and extensions of credit granted. This guarantee will cover all sales whether or not the terms requested are C.O.D. The undersigned hereby consent(s) to PostWorks New York use of a non-business consumer credit report on the undersigned as principal(s), proprietor(s) and/or guarantor(s) in connection with the extension of business credit as contemplated by this credit application. The undersigned hereby authorize(s) PostWorks New York to utilize a consumer credit report on the undersigned from time to time in connection with the extension or continuation of the business credit represented by this credit application. The undersigned as [an] individual(s) hereby knowingly consent(s) to the use of such credit report consistent with the Federal Fair Credit Reporting Act as contained in 15 U.S.C. @ 1681 et seq.

Company Signature _____ Date _____

Print Name _____ Title _____

Personal Guarantee

This is to certify that I, _____, an officer of _____ do hereby agree to be personally liable for any unpaid balance/s in the account should it default in its payments.

Signature _____ Date _____

When returning completed credit application, please include a copy of your latest financial statement.

