



CREDIT APPLICATION

133 W. Int'l. Speedway Blvd.
Daytona Beach, FL 32114
(386) 258-3326
FAX (386) 258-6233

99 S. Yonge Street
Ormond Beach, FL 32174
(386) 672-0255
FAX (386) 676-0205

To establish an open account with our company, the following information must be obtained in full before credit can be approved.
PLEASE PRINT

Account Name _____

Legal Name _____

Street Address _____

Mailing Address _____

City _____ ST _____ Zip _____

Phone () _____ FAX () _____

All employees of the above-named company can charge to this account.

Only the employees listed below are authorized to charge to this account.

1. _____ 4. _____ 7. _____

2. _____ 5. _____ 8. _____

3. _____ 6. _____ 9. _____

COMPLETE THE FOLLOWING FOR ALL PRINCIPAL OFFICERS OR OWNERS

1. Name _____ SS# _____

Home Address _____

City _____ ST _____ Zip _____

Phone _____

Title _____

2. Name _____ SS# _____

Home Address _____

City _____ ST _____ Zip _____

Phone _____

Title _____

3. Name _____ SS# _____

Home Address _____

City _____ ST _____ Zip _____

Phone _____

Title _____

GENERAL INFORMATION

1. What is your principal type of industry? _____

2. How long have you been in business? _____

3. Do you pay by invoice or statement? _____

4. Do you require purchase orders? _____

PURCHASE ORDER TERMS: Our terms prevail.

TERMS

Invoices outstanding by the 15th of the month (following date of invoice) will be subject to a 1-1/2% finance charge, which has an annual rate of 18%.

CREDIT INFORMATION

Please complete the following in full, as all requests must be in writing. Your assistance will help expedite your application.

All information will be kept confidential

Bank References

Name of Bank _____

Mailing Address _____

City _____ ST _____ Zip _____

Checking Account Number _____ Phone Number _____

Bank Officer _____ Title _____

Commercial Suppliers References

1. Name _____

Mailing Address _____

City _____ ST _____ Zip _____

Phone _____ Account Number _____

2. Name _____

Mailing Address _____

City _____ ST _____ Zip _____

Phone _____ Account Number _____

3. Name _____

Mailing Address _____

City _____ ST _____ Zip _____

Phone _____ Account Number _____

Amount of open account credit desired in a 30-day period: \$ _____

I have authorized investigation of my credit references to the extent of extending credit.

Signature _____ Title _____ Date _____

GUARANTY OF CREDIT

Guaranty given by the undersigned to **V.I.P. Printing**, hereinafter called the Company, to induce it to extend credit to, or otherwise become the creditor of _____ hereinafter called the Customer. The undersigned hereby guarantees to the Company the prompt payment, when due, of every claim of the Company which may hereafter arise in favor of the Company against the Customer. This is a continuing guaranty and shall remain in force until revoked by the undersigned by notice in writing to the Company. Such revocation shall be effective only as to claims of the Company which arise out of transactions entered into after its receipt of such notice. This obligation of the undersigned shall be absolute and shall not be affected by any surrender or release by the Company of any security held by it for any claim hereby guaranteed. The undersigned further agrees to pay the cost of collection under this guaranty, including reasonable attorney's fees.

IN WITNESS THEREOF, the undersigned has signed and sealed this guaranty on _____

Name Signature (LS)

Address Signature (LS)

City, State, Zip Phone Number

THIS SECTION MUST BE COMPLETED TO PROCESS APPLICATION

-----DO NOT WRITE BELOW THIS LINE-----

Credit approval performed by _____ Credit amount approved _____

Authorized signature for approval _____ Date _____

Comments _____