

**APPLICATION FOR CREDIT**

Date: \_\_\_\_\_

Business Name: \_\_\_\_\_ Year Established: \_\_\_\_\_

DBA Name? \_\_\_\_\_ Type of Business: \_\_\_\_\_

Individual Owner    Partnership    Corporation   Federal Tax ID#: \_\_\_\_\_

Name of owner(s), partners, or Corporate Officers:

President: \_\_\_\_\_ Vice President: \_\_\_\_\_

Treasurer: \_\_\_\_\_ Other: \_\_\_\_\_

Street Address: \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone: (     ) \_\_\_\_\_ Fax: \_\_\_\_\_ E-mail: \_\_\_\_\_

Billing Address: \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Will any incurred charges be for resale purposes? \_\_\_\_\_ Resale#: \_\_\_\_\_

Authorized personnel allowed to charge to this account: \_\_\_\_\_

Will you require Purchase Orders on each order? \_\_\_\_\_ Blanket P.O.? \_\_\_\_\_

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Bank Name: \_\_\_\_\_ Acct. #: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Contact: \_\_\_\_\_ Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Bank Name: \_\_\_\_\_ Branch: \_\_\_\_\_ Acct. #: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Contact: \_\_\_\_\_ Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

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TERMS - Payments are Net 15 Days from the date of invoice. A 1.5% per month (18% annum) finance charge will be added to all accounts past due over 30 days. In addition, client agrees to pay PIP Printing Riverside/Corona all professional fees and court costs reasonably incurred in collecting any past due amounts. All checks not honored by your bank will be subject to a \$25.00 returned check fee.

All "Artwork": film, plates, proofs, etc. is the property of the client upon payment in full. "Artwork" is presented to the client at job completion. "Artwork" may be stored at PIP Printing of Riverside/Corona only upon client request.

Client agrees to hold PIP Printing of Riverside/Corona harmless and to indemnify PIP Printing of Riverside/Corona and its representatives against any and all liabilities, damages, costs including attorney's fees incurred by PIP Printing of Riverside/Corona and its representatives. Client represents that no infringing use is being made of any trademarks, trade names or any other names, logos or symbols used.

This application constitutes a contract between the client and PIP Printing of Riverside/Corona.

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I hereby represent that I am the owner or an authorized agent of the purchasing entity. I have read and fully understand this contract, and I agree to abide to the terms and agreements within this contract.

**INFORMATION RELEASE STATEMENT** — I give my permission for the release of information regarding my accounts listed above for the sole purpose of obtaining credit from PIP Printing Riverside/Corona.

Signed: \_\_\_\_\_

Print Name: \_\_\_\_\_ Title: \_\_\_\_\_

(CONTINUED ON OTHER SIDE)

FOR OFFICE USE ONLY	
Authorized:	_____
Date:	_____
Credit Limit:	_____
Notification by/Date:	_____
Date entered into P.S.:	_____

**APPLICATION FOR CREDIT (page 2)**

Business Name: \_\_\_\_\_  
 Street Address: \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
 Phone: ( ) \_\_\_\_\_ Fax: \_\_\_\_\_ E-mail: \_\_\_\_\_

**INFORMATION RELEASE STATEMENT** — I hereby represent that I am the owner or an authorized agent of the purchasing entity. I give my permission for the release of information regarding my accounts listed below for the sole purpose of obtaining credit from PIP Printing Riverside/Corona.

Print Name: \_\_\_\_\_ Title: \_\_\_\_\_ Signed: \_\_\_\_\_

**THREE TRADE REFERENCES REQUIRED** (Do not use: Banks, Dept. Stores, Oil Co.'s & Phone or Internet Providers):

(1) Co. Name: \_\_\_\_\_ Acct. #: \_\_\_\_\_  
 Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
 Contact: \_\_\_\_\_ Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

(2) Co. Name: \_\_\_\_\_ Acct. #: \_\_\_\_\_  
 Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
 Contact: \_\_\_\_\_ Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

(3) Co. Name: \_\_\_\_\_ Acct. #: \_\_\_\_\_  
 Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
 Contact: \_\_\_\_\_ Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

(4) Co. Name: \_\_\_\_\_ Acct. #: \_\_\_\_\_  
 Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
 Contact: \_\_\_\_\_ Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

**Unconditional Continuing Personal Guaranty of Payment:**

The undersigned, in consideration of PIP Printing Riverside/Corona entering into an Agreement with the Company/Customer, for printing and related services, unconditionally and irrevocably guarantees to PIP Printing Riverside/Corona, its successors and assigns, the prompt payment when due of all amounts owed under the Agreement. If Company/Customer shall fail to pay all or any part of the amounts when due, I agree that (a) I will pay any and all amounts when due, (b) this is an absolute, unconditional and continuing guaranty of payment and that PIP Printing Riverside/Corona can proceed directly against me personally without seeking to collect from the Company/Customer, (c) I waive all defenses and notices, including those of protest, presentment and demand, (d) PIP Printing Riverside/Corona may change the terms of the Agreement without notice to me and I will be bound by such changes, and (e) I will pay all of PIP Printing Riverside/Corona's attorneys' fees and costs of enforcement and collection. This guarantee survives the bankruptcy of the Company/Customer and binds my administrators, successors and assigns. My obligations under this guarantee continue even if Company/Customer becomes insolvent or bankrupt or is discharged from bankruptcy. THIS GUARANTY WILL BE DEEMED TO BE ENTERED INTO AND GOVERNED BY THE LAWS OF THE STATE OF CALIFORNIA, AND THE PARTIES AGREE TO SUBMIT TO THE JURISDICTION AND VENUE OF ANY COURT OF GENERAL JURISDICTION IN THE COUNTY OF RIVERSIDE.

Signed: \_\_\_\_\_ Title: \_\_\_\_\_

Print Name: \_\_\_\_\_ Phone: \_\_\_\_\_ Date: \_\_\_\_\_

(DID YOU COMPLETE OTHER SIDE?)