

Applicant

Legal Business Name _____

List all trade names and D.B.A. if applicable _____

Parent Company Name if applicant is a subsidiary _____

Phone _____

Address _____

Fax _____

City _____ State _____ ZIP _____

Amount of Credit Requested: _____

Will you furnish a financial statement upon request? Yes No

Purchase Order Required? Yes No

Annual Sales: _____

Type of business: _____ How long in business? _____

Business Information

Federal Tax ID or Social Security Number _____

Sole Proprietorship
 Applicant _____

Co-Applicant _____

Partnership
 Managing Partner _____

Managing Partner _____

Corporation
 President _____

Treasurer _____

LLC
 Member _____

Member _____

How long has present ownership operated? _____

Is your company required to pay Florida sales tax? Yes No

If you answered no, please provide Florida sales tax exemption certificate.

Have you or any officer of your company been involved in bankruptcy or insolvency proceeding? Yes No

Are you or your business involved in any pending lawsuits? Yes No

Accounts Payable Information

Accounts Payable Contact _____

Phone _____

Email _____

Preferred Method of Invoice Delivery: Email Mail

Applicant Owners

Name _____

Title _____

Address 1 _____

Phone _____

Address 2 _____

Email Address _____

City _____ State _____ ZIP _____

Ownership Percentage _____

Name _____

Title _____

Address 1 _____

Phone _____

Address 2 _____

Email Address _____

City _____ State _____ ZIP _____

Ownership Percentage _____

Name _____

Title _____

Address 1 _____

Phone _____

Address 2 _____

Email Address _____

City _____ State _____ ZIP _____

Ownership Percentage _____

Trade References

Company Name

Phone

Address 1

Contact Person

Address 2

Email Address

City State ZIP

Length of Business Relationship

Company Name

Phone

Address 1

Contact Person

Address 2

Email Address

City ZIP

Length of Business Relationship

Company Name

Phone

Address 1

Contact Person

Address 2

Email Address

City ZIP

Length of Business Relationship

Company Name

Phone

Address 1

Contact Person

Address 2

Email Address

City ZIP

Length of Business Relationship

Please do not include financial institutions. For example: credit cards, car payments, or loans

Bank References

Company Name

Checking Account Number

Address 1

Savings Account Number

Address 2

Phone

City State ZIP

Fax

Company Name

Checking Account Number

Address 1

Savings Account Number

Address 2

Phone

City State ZIP

Fax

You are hereby authorized to release all banking information requested by Web Offset Printing Co., Inc. of Clearwater, Florida.

Authorized by:

Name

Signature

Please Read Before Signing

All invoices for printing work and related services and supplies are due and payable in accordance with and pursuant to the credit terms established by Web Offset Printing Co., Inc. These terms are subject to review from time to time.

I hereby certify that the information contained herein is complete and accurate. This information has been furnished with the understanding that it is to be used to determine the amount and conditions of the credit to be extended for business purposes only and not for the extension of credit for personal, family or household purposes. Furthermore, I hereby authorize the financial institutions and trade references listed in the credit application and customary credit information sources to release necessary information to the company for which credit is being applied for in order to verify the information contained herein.

Company Name

Date

Signature and Title

Guaranty

GUARANTY OF CUSTOMER'S LIABILITIES TO WEB OFFSET PRINTING CO., INC.

THE UNDERSIGNED, (Who if more than one shall be jointly liable heron) hereby unconditionally guaran-
 tees to WEB OFFSET PRINTING CO., INC. located at 12198 44th St. N., Clearwater, Florida 33762 (herein
 called the "Company"), it's successors and assigns, the prompt payment performance by
 _____ (herein called the "Customer") of the Customer's li-
 abilities to the Company, which term as usual herein means all existing and future liabilities, agreements,
 obligations of every nature whatsoever of the Customer to the Company including those arising out of
 the order and purchase by the Customer of printing work and related services and supplies from the
 Company. The undersigned also agrees to pay to Company on demand all costs and expenses, including
 reasonable attorneys' fees which may be incurred in enforcing the Customer's liability of the Undersigned
 hereunder.

The Undersigned agrees that any extensions, releases or compromises may be granted with respect to
 the Customer's liabilities to the Company without notice to the Undersigned and without affecting in any
 way the Undersigned's liability performance or payment of the Undersigned's obligations hereunder or by
 the death or incapacity of any of the Undersigned.

This Guaranty shall be construed and governed by the laws of the State of Florida and is binding upon
 the Customer and his or her legal representatives and heirs. In the event of a lawsuit between the par-
 ties jurisdiction and venue of such suit shall be in Pinellas County or Hillsborough County, Florida at the
 option of the Company. The prevailing party shall be entitled to recover all costs and expenses of any
 litigation including reasonable attorney fees for all proceedings, trials and appeals.

IN WITNESS WHEREOF, the undersigned, if married and with spouse, has executed this Guaranty this
 _____ day of _____, 20__.

"Name of Guarantor"

Signature

Address

City State ZIP

Social Security Number

"Name of Guarantor"

Signature

Address

City State ZIP

Social Security Number