

Application for Credit



Business Name: _____

Legal Name (if different): _____

Business Address: _____

Year Business Started: _____ Years at Above Location: _____

Mailing Address: _____

Shipping Address: _____

Telephone: _____ Fax: _____

Type of Business: _____

Form of Organization: Corporation Partnership Sole Proprietorship

Federal ID #: _____ Social Security #: _____

Principals of Business: (If a corporation, the President, VP and Secretary; if a partnership, the name of the partners; if a sole proprietorship, the name of the owner.)

Name: _____ Position: _____

Trade References: (Please list only those vendors with whom you have had a continuing relationship of one year or more and a credit limit equal to or greater than that being requested from Color Press.)

1. Firm: _____ Telephone: _____

Address: _____

Contact Person(s): _____

2. Firm: _____ Telephone: _____

Address: _____

Contact Person(s): _____

3. Firm: _____ Telephone: _____

Address: _____

Contact Person(s): _____

Bank Reference:

Bank: _____ Telephone: _____

Branch & Address: _____

Contact Person(s): _____ Account #: _____

Checking

Savings

Other

For the purpose of procuring and establishing credit with **Color Press Publishing Inc.**, the undersigned applicant(s) for credit, or any or either of them, or otherwise, collectively referred to as "CUSTOMER" agrees to be bound by the terms and conditions hereinafter set forth, which are incorporated by reference herein. Furthermore, the applicant(s) represent the information set forth in this credit application is true and accurate. The undersigned applicant(s) for credit authorize **Color Press** to contact for further information any and all trade, bank and other references.

Terms & Conditions

1. Prior to approval for credit, 50% of the quoted price is payable when an order is placed, and the balance is due upon delivery.
2. Should Customer fail to pay any invoice when due, Customer hereby agrees to pay monthly late payment charges equal to 1.5 % per month (18% per annum) of the outstanding purchase price balance due as liquidated damages.
3. Customer agrees to pay all costs and attorney fees incurred in collection of all past due invoices and accounts.
4. Claims must be made on receipt of goods.
5. Should any Customer checks be returned by their bank for the reason of insufficient funds, Customer agrees to pay fifteen dollars (\$15) for each check returned to **Color Press** as a handling charge.
6. **Color Press** shall not be liable for failure to deliver goods or delays in delivery of goods occasioned by causes beyond its control, including without limitation strikes, lockouts, fires, embargoes, war or other outbreak of hostilities, acts of God, inability to obtain shipping space, machinery breakdowns, delays of carriers or suppliers and governmental acts of regulations.
7. **Color Press** reserves the right at any time to revoke any credit extended to Customer because of Customer's failure to pay for goods when due or for any other reason deemed good and sufficient by it.
8. Customer certifies that the information presented by the Customer in this application is true and correct. **Color Press** is authorized to contact all references contained in this application who are authorized to release any information to it relating to Customer's credit herein.

Agreement

By signing below, the undersigned represents and agrees as follows:

1. the information provided in this application is true, complete and correct;
2. the banks and trade references listed above may release to **Color Press** such information as is necessary to verify the accuracy of the information provided by Applicant in this application; and
3. to be bound by the Credit Policies set for above (i.e., Payment Terms, Service Charge on Past Due account, and Collection Charges).


Printed Name:

Signature:

Title:

Date:

			_ / _ / _
			_ / _ / _
			_ / _ / _
			_ / _ / _

Complete and Return to:		
 <p>Mailing Address: P.O. Box 578 College Place, WA 99324-0578</p>	<p>Acctg Fax: (509)522-2921 Phone: (509)525-6030 Gen. Fax: (509)525-6033</p>	<p>Physical Address: 1425 W. Rose Walla Walla, WA 99362</p>