

IDEAL PRINT SOLUTIONS CREDIT APPLICATION

Please print, fill-out and fax to 949-266-5703.

1)

LEGAL NAME _____

TRADE NAME (if applicable) _____

STREET ADDRESS _____

MAILING ADDRESS _____

CITY, STATE _____

ZIP CODE _____

CITY, STATE _____

ZIP CODE _____

COUNTRY _____

COUNTRY _____

(____) _____
Telephone Number

(____) _____
Fax Number

2) NATURE OF BUSINESS (description of product sold or service rendered)

3) YEAR BUSINESS ESTABLISHED _____

NUMBER OF EMPLOYEES _____

4) COMPANY OWNERSHIP
(Check One)

Corporation ____

S Corporation ____

Partnership ____

Proprietorship ____

(President/Owner)

(Vice President/Owner)

(Secretary/Owner)

(Treasure/Owner)

5) FINANCIAL (CREDIT LIMIT REQUEST GREATER THAN \$25,000 MUST INCLUDE COPY OF YEAR END BALANCE SHEET AND INCOME STATEMENT)

Date of Year End _____

Current Assets _____

Annual Sales _____

Inventory _____

Net Worth _____

Current Liabilities _____

6) PERSON TO CONTACT REGARDING PAYMENT

Name

Phone Number

Ext.

Title

Fax Number

7) REQUESTED CREDIT LIMIT _____

PROJECTED ANNUAL PURCHASES _____

BANK REFERENCE

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Please print, fill-out and fax to 949-266-5703.

_____ Name On Account (if different)	Bank Contact: _____
_____ Bank Name	Account Number: _____
_____ Address	Type Of Account _____
_____ City/State/Zip	Account Number: _____
_____ Telephone Number	Type of Account _____

TRADE REFERENCES (Please provide complete information)
(Name, Address, Telephone Number, & Contact)

1. _____ _____ _____ _____	2. _____ _____ _____ _____
3. _____ _____ _____ _____	4. _____ _____ _____ _____

I hereby authorize Ideal Print Solutions to collect credit information from the references listed above for the purpose of establishing an account with credit terms.

I understand that the above credit information provided is for the sole purpose of obtaining credit with Ideal Print Solutions. Furthermore, I certify that the information given is correct and accurate as of the date of this application. I agree and unconditionally guarantee to be held liable for any and all indebtedness accrued under this continuing agreement. All accounts and monies due you shall be due and payable at your place of business, and the terms granted are Net 30 unless otherwise agreed upon in writing. All past due accounts, notes or judgments are subject to draw interest at the minimum rate of one and one half percent (1 1/2%) per month. In the event of default and or referral to a Third Party Collection Agency or Attorney, I agree to pay all costs and fees of such services. Furthermore, I have read and agree to the Terms of Use. I further understand that failure to pay invoices within terms may result in shipments being held, Cash in Advance terms, or C.O.D. on future shipments.

Signature Title Date

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Company _____

RESALE CERTIFICATE

NAME OF PURCHASER: _____

BILLING ADDRESS: _____

PHONE NUMBER: _____

FAX NUMBER: _____

E-MAIL: _____

I HEREBY CERTIFY:

That I hold a valid seller's permit # _____ issued by the state of _____, Pursuant to the *Sales and Use Tax Law*; that I am engaged in the business of selling _____; That the tangible personal property herein which I shall purchase from Ideal Print Solutions will be resold by me in the form of tangible personal property; provided, however, that in the event any such property is used for any purpose other than retention, demonstration, or display while holding it for sale in the regular course of business, it is understood that I am required by the *Sales and Use Tax Law* to report and pay any tax, measured by the purchase price of such property or other authorized amount.

Description of property to be purchased: _____

Name(Print)

Signature

Title

Date

PLEASE ALLOW TWO BUSINESS DAYS FOR ACCOUNTS TO BE ESTABLISHED
THIS FORM MUST BE ACCOMPANIED BY A VALID PURCHASE ORDER TO BE ESTABLISHED.