

S.F. PLASTIC & SIGN SUPPLY CREDIT APPLICATION

This application must be filled out completely and signed by an Officer or President.

Name of Business: _____ Phone: _____
Street Address: _____ Fax: _____
Billing Address: _____ Federal ID: _____
City: _____ State: _____ Zip: _____
Year Established: _____ Type of Business: _____
Have you filed for bankruptcy or been subject to an involuntary petition for bankruptcy? _____
How Organized: Sole owner: _____ Partnership: _____ Corporation: _____
Tax Status: Taxable: _____ Tax Exempt: _____ Tax Exempt Certificate Number: _____

PRINCIPAL OWNERS OR OFFICERS

Name: _____ Title: _____ Social Security #: _____
Name: _____ Title: _____ Social Security #: _____

BANK REFERENCES

Bank Name: _____ Phone: _____
Street Address: _____ Fax: _____
City: _____ State: _____ ZIP: _____
Checking Account Number: _____ Person To Contact: _____

CREDIT REFERENCES

Company: _____ Person To Contact: _____
Address: _____
City: _____ State: _____ ZIP: _____
Phone: _____ Fax: _____
Company: _____ Person to Contact: _____
Address: _____
City: _____ State: _____ ZIP: _____
Phone: _____ Fax: _____
Company: _____ Person to Contact: _____
Address: _____
City: _____ State: _____ ZIP: _____
Phone: _____ Fax: _____

CREDIT SALE AGREEMENT

I certify that all information on this form is correct and authorize S.F. Plastic & Sign Supply, Inc. to obtain written or oral reports from any credit reporting agency, trade creditor, or bank. This also will serve as notice that applicant authorizes any bank or commercial business to give any and all necessary information which will assist S.F. Plastic & Sign Supply, Inc. with its credit investigation.

If credit is extended, customer agrees to pay all debts incurred within our terms of Net 30 days. Should the debt become past due, customer expressly agrees to pay a service fee of 1.5% per month or the maximum permitted under applicable law, whichever is less. Customer also agrees to pay reasonable collection cost and/or attorney's fees incurred in connection with the collection of this account.

I certify that the above information is true and correct.

Print Name: _____ Date: _____

President/Officer Signature: _____