



Credit Issued by _____ Date ____ / ____ / ____
 Amount Approved \$ _____
 Credit Denied by _____ Date ____ / ____ / ____

APPLICATION FOR CREDIT

Name of Firm or Corporation _____ Date _____
 Address _____ City _____ State ____ Zip _____
 E-mail _____ Phone _____ Fax _____
 Tax Exempt No. _____ (Please Attach certificate)

Our legal entity is: Corporation Partnership Proprietorship Limited Liability Company

If incorporated, State of Incorporation: _____

1. In order to induce Accurate Printing, Inc. to extend credit to the Applicant, the Applicant warrants that the information given in this Application is correct and acknowledges that the information is material to the granting of credit and is relied upon by Accurate Printing, Inc. It is understood that Accurate Printing, Inc has no obligation to sell or extend credit to Applicant.
2. If Applicant is not a corporation or a Limited Liability Company and subsequent to the making of this Application incorporates the business or becomes a Limited Liability Company, with or without knowledge of Accurate Printing, Inc., Applicant agrees to be jointly and severally liable to Accurate Printing, Inc. for all indebtedness incurred by the Corporation or Limited Liability Company. If Applicant is a Corporation or Limited Liability Company, the person signing the Application on behalf of the Applicant warrants that he is duly authorized to do so, and agrees to be jointly and severally liable with the corporate Applicant or Limited Liability Company for any and all indebtedness owed or hereafter incurred. Any limit on the amount of credit, authorized by Accurate Printing, Inc. shall not be deemed a limitation of liability. The sale on credit in excess of any limit set by Accurate Printing, Inc. shall not relieve the Applicant or others, jointly and/or severally liable, from all liability.
3. In the event that Applicant's account with Accurate Printing, Inc. becomes delinquent or past due, and Accurate Printing, Inc. engages the services of an attorney to collect the account, the Applicant, and any person jointly and severally liable with Applicant, agree to reimburse Accurate Printing, Inc. reasonable legal fees of 30% of the amount owed whether or not suit is commenced and agrees to submit himself or themselves to the jurisdiction of Courts in Virginia and waive their rights to a jury trial. Applicant agrees to pay a service charge at the rate of 1-1/2 percent per month, (18 percent per annum) on all past due unpaid balances owed to Accurate Printing, Inc. (more than 30 days from invoice date). All invoices are due and payable within 30 days of the invoice date.
4. The Applicant waives its right to contend that purchases were not made by its agents, servants, or employees, acting within the scope of their authority and for the benefit of the Applicant if the Applicant fails to object in writing, to any invoice, within 30 days from the date of the invoice is mailed to the Applicant. The extension of terms or other settlements of debt shall be allowed without specific authorization of the credit manager.
5. This instrument contains the entire agreement between the parties and no changes in the agreement can be made without the written acceptance of Accurate Printing, Inc.

Date _____ Signed by _____ Title _____

Name of Owner, Partners, Corporate Officers or Members of LLC (Designate Titles)

Name _____ Title _____ Phone No. (Home) _____
 Address (Home) _____ City _____ State ____ Zip _____

Name _____ Title _____ Phone No. (Home) _____
 Address (Home) _____ City _____ State ____ Zip _____

Name _____ Title _____ Phone No. (Home) _____
 Address (Home) _____ City _____ State ____ Zip _____

Name _____ Title _____ Phone No. (Home) _____
 Address (Home) _____ City _____ State ____ Zip _____

Please Turn Over →

Accurate Sales Rep: _____ **Date Issued** _____

Current Banking Establishments

(Note: Please furnish complete street address, City, State and Zip)

1. Name _____ Account No. _____ Phone No. _____
Address _____ City _____ State _____ Zip _____

The following are 4 trade references that we are presently doing business with.

(Note: Please furnish complete street address, City, State, Zip, Fax Number and Phone Number)

1. Name _____ Fax No. _____ Phone No. _____
Address _____ City _____ State _____ Zip _____

2. Name _____ Fax No. _____ Phone No. _____
Address _____ City _____ State _____ Zip _____

3. Name _____ Fax No. _____ Phone No. _____
Address _____ City _____ State _____ Zip _____

4. Name _____ Fax No. _____ Phone No. _____
Address _____ City _____ State _____ Zip _____

Authorization to Release Information

I hereby authorize our bank(s) to release any information necessary to assist in establishing a line of credit.

Name of Firm or Corporation _____

Address _____

City _____ State _____ Zip _____

Authorized by _____ Title _____

**Please fill this form out completely.
Not doing so may cause a delay
in processing your request for credit.**