

Graphic Marking Systems APPLICATION FOR CREDIT

If you are securing net 30 day terms with a credit card, it is not necessary to complete this column.

This company is a (check one) Sole Proprietorship Partnership
 Corporation; State of Incorporation: _____

Length of time operating under business name: Yrs. _____ Mo. _____

Length of time at this address: Yrs. _____ Mo. _____

Business Trade Name (D.B.A.)

Legal Business Name (As it appears on business license)

Business Street Address

City, State, and ZIP Code County

Business Phone

Business Fax

Billing Address (if different than above)

City, State, ZIP code County

Shipping Address (if different than above)

City, State, ZIP Code

Officer's/Owner's Name

Title

Officer's /Owner's Name

Title

Authorized Purchasers

Bank References (please complete fully)

Bank Name

Checking Account #

Account Officer's Name Phone #

Bank Address

City, State, and ZIP Code

This information is required only if business is not incorporated.

Owner/Partner Name % Ownership

Social Security # Driver's License #

Address

City, State, ZIP Code

Have you ever filed for Bankruptcy? Yes No Personal

Date Filed: _____ Status: _____

Owner/Partner Name % Ownership

Social Security # Driver's License #

Address

City, State, ZIP Code

Have you ever filed for Bankruptcy? Yes No Personal

Date Filed: _____ Status: _____

COMPLETE THIS SECTION TO OPEN A NEW ACCOUNT:

Please indicate preference for terms.

COD (Cashier's Check) COD (Company Check) Net Terms Net Terms secured by a credit card (preferred).

Credit line amount requested \$ _____

Prepaid (Credit Card, Wire Transfer) VISA MC DISC Exp. Date _____

Card No

Name on Card

Card Holder's Signature

TRADE REFERENCES (Related industry purchases during the past 12 months)

*If you are securing net 30 day terms with a credit card, it is not necessary to complete the "Trade References" portion of this page
Please sign at the bottom.*

Name

Address

Contact/Account rep. Account #

Telephone

Name

Address

Contact/Account rep. Account #

Telephone

Page 1

Name

Address

Contact/Account rep. Account #

Telephone

Name

Address

Contact/Account rep. Account #

Telephone

This application and agreement is submitted by applicant to Graphic Marking Systems (GMS), a subsidiary of Distribution Enterprises, Inc. Graphic Marking Systems reserves the right to decline credit to applicant and in the event credit is extended to applicant, to change or revoke applicant's credit limit on the basis of changes in credit policies or applicant's financial condition and/or payment record.

Applicant agrees to make payment in full to GMS for all amounts due according to GMS invoices. Applicant also agrees to pay GMS, as interest an amount equal to 1 1/2% per month, or the maximum provided by law (whichever is less) for invoice amounts that are past due. Should applicant default in any such payment(s) GMS shall have the right, without notice to the applicant, to declare all invoice amounts due and payable immediately. Applicant also authorizes GMS to process or submit a charge to applicant's credit or charge card for the balance of invoices over 45 days old. In the event GMS should commence any action or actions, or otherwise seek to enforce this agreement against the applicant, applicant agrees to pay reasonable attorney(s) fees, court costs, and other expenses incurred by GMS. Applicant agrees that any change in liability for any debts incurred to GMS due to a change in the applicant's form of business shall not be effective as to GMS, until GMS receives actual notice of the change by certified mail. Venue shall be in Lake County, IL or as determined by GMS.

Under penalties of perjury, I swear or affirm that the information on this form is true and correct as to every material matter. In addition, applicant hereby authorizes the release of credit and banking information to GMS by the references listed on this application.

Signed at _____ as of this _____ day of _____, 19_____

Officer/Owner

Title