

THE MARSID • M&M GROUP

PRINTING • GRAPHICS • PROMOTIONAL PRODUCTS

CREDIT APPLICATION

Company Name _____ Date Established _____

DBA (if different) _____ Principal product/service offered _____

Street Address _____ Phone _____

City _____ State _____ Zip _____ Fax _____

Corporation _____ Partnership _____ Sole Proprietorship _____ Federal Tax I.D. or SSN _____

Billing Contact _____ Tax Exempt: YES or NO Tax Exempt # _____

Billing Address _____ Phone _____

City _____ State _____ Zip _____ Fax _____

Name _____ Title _____ Name _____ Title _____

Home Address _____ Home Address _____

City _____ State _____ Zip _____ City _____ State _____ Zip _____

Name _____ Title _____ Name _____ Title _____

Home Address _____ Home Address _____

City _____ State _____ Zip _____ City _____ State _____ Zip _____

Printer Trade Reference _____ Contact Person _____

Address _____ Phone _____

City _____ State _____ Zip _____ Fax _____

Trade Reference _____ Contact Person _____

Address _____ Phone _____

City _____ State _____ Zip _____ Fax _____

Trade Reference _____ Contact Person _____

Address _____ Phone _____

City _____ State _____ Zip _____ Fax _____

Bank Reference _____ Account # _____ Contact Person _____

Address _____ Account # _____ Phone _____

City _____ State _____ Zip _____ Loan # _____ Fax _____

REPRESENTATION AND AUTHORIZATION TO RELEASE INFORMATION:

I represent that the above information is true and correct and is given to induce The Marsid-M&M Group to extend credit to the applicant. My company and I authorize The Marsid-M&M Group to make such credit investigation as it sees fit, including contacting trade references and banks and obtaining credit reports. My company and I authorize all trade references, banks, and credit reporting agencies to disclose any and all information concerning the financial and credit history of the company and its principals.

Company: _____

Authorized Signature: _____ Title: _____ Date: _____

Printed Name: _____

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CREDIT INFORMATION SHEET

As our client and business partner, we value your business and we will strive to build on this relationship. In order for us to better understand your business needs and processes, please complete the information requested below.

Company Name: _____ **Amount of Credit Requested \$** _____

Purchase Order Process

Purchase orders required? YES or NO

Authorized purchasers: _____

Accounts Payable Process

How often do you pay accounts payable invoices: WEEKLY BI-WEEKLY SEMI-MONTHLY MONTHLY

On which days/dates do you mail accounts payable payments: _____

Please describe any special accounts payable processes (i.e. "cut-off" dates, special approval policies, etc.) that may prevent an invoice from being paid within the agreed upon 30 day credit terms. Also, please include the dates on which payment can be expected under these circumstances:

Contact Information

Invoices mailed to the attention of: _____ Title _____ Phone _____

Invoices approved by: _____ Title _____ Phone _____

Payments authorized by: _____ Title _____ Phone _____

60 Day Past Due Debit Authorization:

I hereby authorize The Marsid-M&M Group to debit my _____ (type of card) for printing production charges and any other additional services or fee's which are outstanding and were incurred in connection with my order history and The Marsid-M&M Group. I understand and authorize my credit card to be charged upon my account becoming 60 days past due and not sooner. In addition, I agree to inform The Marsid-M&M Group of any changes in credit card account numbers or expiration dates. I also agree to hold The Marsid-M&M Group harmless from liability as a result of activities in connection with such transactions.

Credit Card Account #: _____ Exp Date: _____ 3 digit CID _____

Company Name _____

Client Name: _____

Client Signature: _____

Date: _____