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# APPLICATION FOR CREDIT

Name of Firm Or Individual \_\_\_\_\_ Date \_\_\_\_\_  
 Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
 Telephone Number ( ) \_\_\_\_\_ Email \_\_\_\_\_  
 Federal ID# \_\_\_\_\_ or Social Security# \_\_\_\_\_

**The following information must be completed in full; and will be held in the strictest confidence.**

OWNERSHIP:  Corporation State of Incorporation \_\_\_\_\_  Partnership  Individual Years in Business \_\_\_\_\_  
 Bank \_\_\_\_\_ Acct# \_\_\_\_\_ City \_\_\_\_\_  
 Contact \_\_\_\_\_ Phone ( ) \_\_\_\_\_ Email \_\_\_\_\_

## TRADE REFERENCES

Name \_\_\_\_\_ Address \_\_\_\_\_  
 Contact \_\_\_\_\_ Phone ( ) \_\_\_\_\_ Email \_\_\_\_\_

Name \_\_\_\_\_ Address \_\_\_\_\_  
 Contact \_\_\_\_\_ Phone ( ) \_\_\_\_\_ Email \_\_\_\_\_

Name \_\_\_\_\_ Address \_\_\_\_\_  
 Contact \_\_\_\_\_ Phone ( ) \_\_\_\_\_ Email \_\_\_\_\_

## TERMS AND CONDITIONS

IT IS AGREED THAT THE BUYERS WILL PAY ALL INVOICES IN ACCORDANCE WITH STATED TERMS AND INTEREST WILL BE ACCESSED ON DELINQUENT INVOICES AT THE RATE OF 1.5% PER MONTH (18% ANNUM) TOGETHER WITH ANY COURT COSTS, REASONABLE ATTORNEY FEES AND ALL OTHER COSTS OF COLLECTION WHICH THE SELLER MAY INCUR IN ENFORCING THE TERMS OF THIS AGREEMENT, ALL WITHOUT RELIEF FROM VALUATION AND APPRAISEMENT LAWS.

WE CERTIFY THAT ALL OF THE INFORMATION ON THIS FORM IS CORRECT; AND THAT WE FULLY UNDERSTAND THAT SHEARER PRINTING & OFFICE SOLUTIONS TERMS ARE NET 30 DAYS FROM DATE OF INVOICE, UNLESS OTHERWISE STATED ON THE INVOICE, AND AGREE TO THE PROPER PAYMENT IN CONSIDERATION OF EXTENDED CREDIT.

MUST BE SIGNED BY OFFICER OR OWNER: (SIGNED) \_\_\_\_\_  
 (PRINTED) \_\_\_\_\_

Date \_\_\_\_\_ 20\_\_\_\_ Title \_\_\_\_\_

## AUTHORIZATION

IN ACCORDANCE WITH THE FAIR CREDIT REPORTING ACT, PUBLIC LAW 91-508, I AUTHORIZE SHEARER PRINTING & OFFICE SOLUTIONS TO RECEIVE FULL INFORMATION, AS REQUESTED, RELATING TO OUR BANK AND TRADE REFERENCES.

Signature: \_\_\_\_\_ Date \_\_\_\_\_

Printed Name: \_\_\_\_\_ Title \_\_\_\_\_