



Independent Printing Company, Inc.
 1801 Lawrence Drive 920.336.7731
 Post Office Box 5790 800.443.6771
 De Pere, WI 54115 fax 888.336.6118
 www.independentinc.com

CREDIT APPLICATION

In order for you to open an account with our company, we ask that you fill out the following information completely.

Company Name _____

Street Address (required) _____

City _____ State _____ Zip _____

Billing Address _____

City _____ State _____ Zip _____

Phone (_____) _____ Fax (_____) _____ Years in Business _____

Parent Company or Affiliation _____ Number of Employees _____

Address _____

City _____ State _____ Zip _____

President _____ Controller _____

Form of Organization Corporation Partnership Sole Proprietor LLC/LLP

Nature of Business _____ SIC Code _____

Approximately what do you anticipate will be your monthly purchases? _____

Will your purchases be subject to Wisconsin sales tax? _____

If not, please enclose the appropriate exemption certificate, if applicable.

TRADE REFERENCES

Name _____

Address _____

City _____ State _____ Zip _____

Phone (_____) _____ Fax (_____) _____

Name _____

Address _____

City _____ State _____ Zip _____

Phone (_____) _____ Fax (_____) _____

Name _____

Address _____

City _____ State _____ Zip _____

Phone (_____) _____ Fax (_____) _____

The back of this application must be completed prior to processing.

This information is submitted by the undersigned for the purpose of obtaining credit. THE UNDERSIGNED AGREES TO PAY ALL INVOICES WITHIN THE TERMS OF SALE. ACCOUNTS OVER 30 DAYS ARE SUBJECT TO A LATE PAYMENT CHARGE OF 1-1/2% PER MONTH. Purchaser agrees to pay in accord with the foregoing terms of sale and further agrees to pay all collection costs and reasonable attorney's fees necessary to collect past due amounts, as permitted by law; legal action to enforce this agreement may be brought in the State of Wisconsin, County of Brown.

This application does not constitute the granting of credit. You will be notified of terms we are extending within seven days of receipt of this application. Orders placed before the credit approval process has been completed, will require 50% down with the order (subject to certain size limitations).

The undersigned does hereby apply for credit with Independent Printing and gives them permission to contact any and all references for the purpose of establishing a credit profile.

Company _____ Date _____

By _____ Title _____
(Must be signed by an officer or owner)

PERSONAL GUARANTEE: In consideration for credit extended or to be extended to the above company, I/we do hereby agree, individually/jointly, to guarantee payment of the indebtedness of the company. The undersigned expressly waives all notice of acceptance of this guarantee, notice of extension of credit, presentment of demand for payment, any notice of default, and all other notices the guarantor might be entitled to. This guarantee shall inure to the benefit of the heirs, administrators, executors, successors, or assigns of the parties hereto.

By: _____
(Signature) (Print Name of Guarantor) (Date)

By: _____
(Signature) (Print Name of Guarantor) (Date)

Attention (Your ASR): _____

Upon completion, fax this credit application to 888.336.6118.