



Credit Application

3920 Airpark Boulevard
Duluth, Minnesota 55811
(218) 722-9805 • Fax (218) 722-9914

Date _____

Account # _____

Credit Limit \$ _____

CUSTOMER INFORMATION

To assure expeditious handling, please be as thorough as possible in completing this application. Lack of details (e.g. Account Numbers, Street Addresses, etc.) can delay processing.

Organization Name			Any other name used		
Address				P.O. Box	
City	State	Zip	Telephone	Email	
Other Locations					
Name _____		Name _____			
Address _____		Address _____			
City, State, Zip _____		City, State, Zip _____			
<input type="radio"/> Corporation <input type="radio"/> Partnership <input type="radio"/> Proprietorship <input type="radio"/> Other			Year Established	Years at Present Location	Amount of Credit Requested
Are you tax exempt?		<input type="radio"/> Yes <input type="radio"/> No		If yes, attach a copy of your sales tax exempt certificate. (ST3)	
Are you funded by another source?		<input type="radio"/> Yes <input type="radio"/> No		If yes, list source of Funding:	
Accounts Payable Manager			Accounts Payable Manager's Email (for invoices)		
Owners/Principal Officers (Name & Title)					
Name _____		Title _____			

TRADE REFERENCES

(Give only names of those you buy from an open account) Major Charge Cards or Utilities Not Accepted.

1	Name	Address			
	City, State, Zip	Telephone	Email		
2	Name	Address			
	City, State, Zip	Telephone	Email		
3	Name	Address			
	City, State, Zip	Telephone	Email		

BANK REFERENCES

Name	Branch	Address			
City	State	Zip	Telephone		
Account No.	Type	Contact Person			
Name	Branch	Address			
City	State	Zip	Telephone		
Account No.	Type	Contact Person			

We believe that our company, listed above, is financially able to meet any commitments we have made and we expect to pay our invoices according to your terms. I have read your credit policy on page two of this form and agree to abide by those terms. All of the above information is given for the purpose of obtaining credit and is true and accurate to the best of my knowledge. Confirmation of such information may be made from any source. We, the undersigned, authorize our creditors to release our credit information to Pro Print, Inc.

Company Name _____ Applicant's Name _____ Title _____

Signature* / _____ / Date _____

(Must be owner or officer authorized to sign on bank accounts.)

* The parties agree that this Pro Print Credit Application may be electronically signed. The parties agree that the electronic signatures appearing on this Pro Print Credit Application are the same as handwritten signatures for the purposes of validity and admissibility.



Pro Print Credit Policy

All new accounts applying for credit will be required to fill out a credit application and pay a 50% deposit at the time you place your first order. We are unable to put any orders into production until the 50% deposit has been made and your credit application has been approved. If your application has been approved, you will be given terms on the balance. If it is denied, you will revert to COD status and need to pay your balance due at the time the order is completed. Once you have qualified for credit, we will sell our services to you on an open account until you have reached your approved credit limit. Your request and application for credit will not guarantee that Pro Print Inc. will extend credit to you.

Payments for all invoices are due within thirty (30) days of the date of delivery. The date of delivery is the date upon which the customer obtains possession of their printed products, goods or services. We will deem an account past due if payment is not received by Pro Print within thirty (30) days of the date of delivery. Account balances which are past due may incur finance charges at a rate of 1.5% per month, 18% per annum. Any account which becomes sixty (60) days or more past due may be subject to loss of credit terms, and we may require you to return to a Cash on Delivery (COD) account status. As long as your account remains sixty (60) days or more past due, we will not extend any further credit until the balance is paid for in full. Any account that becomes ninety (90) days past due is subject to collection, including reasonable attorney's fees and court costs, which will be your responsibility.

If your account becomes past due, there may be an extenuating circumstance or a reasonable explanation. If so, please contact us and we will work with you to achieve a mutually acceptable solution. Your business is sincerely appreciated and we look forward to a long relationship serving your printing needs.

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I acknowledge the receipt of Pro Print Inc.'s Credit Policy. I have read the Credit Policy and have had reasonable opportunity to present any questions regarding this policy to Pro Print Inc. I understand the conditions of the Credit Policy and agree to abide by the terms contained therein.

Name: _____ Title: _____
(Authorized Signer)

Signature*: / _____ / Date: _____

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