

Approval \_\_\_\_\_

Owner \_\_\_\_\_

Account # \_\_\_\_\_



Sales Rep \_\_\_\_\_

120 Racine Drive, Unit 3 • Wilmington, NC 28403  
(910) 392-0883 • FAX (910) 392-0884  
www.allwaysgraphics.com • info@allwaysgraphics.com

### Credit Application

Name of Business \_\_\_\_\_ Email Address: \_\_\_\_\_

Invoice/Delivery Address \_\_\_\_\_ Website: \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Phone \_\_\_\_\_ FAX \_\_\_\_\_

**Monthly Statement Address** \_\_\_\_\_  
(If different from invoice address)  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Phone \_\_\_\_\_ FAX \_\_\_\_\_

Sole Proprietorship \_\_\_\_\_ Partnership \_\_\_\_\_ Corporation \_\_\_\_\_

What is your major product or service offered? \_\_\_\_\_

How long in business? \_\_\_\_\_ years \_\_\_\_\_ months \_\_\_\_\_ If non-sales tax:

How long at this address? \_\_\_\_\_ years \_\_\_\_\_ months \_\_\_\_\_ N.C. State Tax Exempt # \_\_\_\_\_

Are you Dun & Bradstreet? \_\_\_\_\_ Rating \_\_\_\_\_

How much business (in dollars) do you expect to do with All Ways Graphics per year? \_\_\_\_\_

**References:**

1) Bank Name \_\_\_\_\_ Branch location \_\_\_\_\_ Phone \_\_\_\_\_  
How long dealing with this bank? \_\_\_\_\_ years \_\_\_\_\_ months Checking Account # \_\_\_\_\_

**2) Trade References:**

a) Previous Printer \_\_\_\_\_ Phone \_\_\_\_\_  
Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_  
b) Vendor \_\_\_\_\_ Phone \_\_\_\_\_  
Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_

**3) Officers/Partners**

Please list home addresses, and phone numbers of two key officers:

1) Name \_\_\_\_\_ Title \_\_\_\_\_ Phone \_\_\_\_\_  
Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_  
2) Name \_\_\_\_\_ Title \_\_\_\_\_ Phone \_\_\_\_\_  
Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_

If credit is granted I/we promise to pay bill when rendered. I/We understand all invoices are payable on a net 30 basis and that a service charge of 1-1/2% per month will be added to my/our past due account. In the event payment is not made and my/our account is referred to a collection agency, I/we will pay all costs of collection. If legal action is required I/we will pay reasonable attorney's fees resulting from such action. **I/We authorize the above listed Bank(s) and Trade References to release to All Ways Graphics any credit or financial information that All Ways Graphics may request** and further agree, if All Ways Graphics grants credit, to comply with the above terms of credit.

The following people are authorized to sign for charges:

_____	_____
_____	Name(Print) _____ Title _____
_____	Email Address _____
_____	Signature _____
_____	Date _____

**Please see reverse side.**

# Individual or Joint Personal Guaranty

Date \_\_\_\_\_

I/We \_\_\_\_\_,  
residing at \_\_\_\_\_ for and  
in consideration of your extending credit at my request to \_\_\_\_\_  
(hereinafter referred to as the "Company"), \_\_\_\_\_  
of which I/we are \_\_\_\_\_, hereby personally guarantee to you  
the payment at 120 Racine Drive, Unit 3, Wilmington, in the state of North Carolina of any  
obligation of the Company and I/we hereby agree to bind myself to pay you on demand any  
sum which may become due to you by the Company whenever the Company shall fail to pay  
the same. It is understood that this guaranty shall be a continuing and irrevocable guaranty  
and indemnity for such indebtedness of the Company. I/We do hereby waive notice of default,  
non-payment and notice thereof and consent to any modification or renewal of the credit  
agreement hereby guaranteed.

Signature \_\_\_\_\_

Signature \_\_\_\_\_

Witness: \_\_\_\_\_

Address: \_\_\_\_\_