



Please complete this application in full and return with any additional information including financial statements.

*Please Check One*

C.O.D. Company Check/ One Tag (V.I.P)  
 (Your pay only for one C.O.D. tag)
  R.O.G. Receipt of Goods  
 (This is a good way to start a history with us)
  Net 10
  Net 30

**CUSTOMER INFORMATION**

FULL LEGAL BUSINESS NAME \_\_\_\_\_ DATE ESTABLISHED \_\_\_\_\_ MONTH/ YEAR \_\_\_\_\_

ADDRESS \_\_\_\_\_ PRIMARY PRODUCTS/ SERVICES \_\_\_\_\_

ESTIMATE MONTHLY PURCHASES \_\_\_\_\_

YEARS AT THIS ADDRESS \_\_\_\_\_ PHONE: ( ) \_\_\_\_\_ CREDIT LINE REQUESTED \_\_\_\_\_

PREVIOUS ADDRESS \_\_\_\_\_ SALES TAX NUMBER \_\_\_\_\_

SOLE PROPRIETOR   
  PARTNERSHIP   
  CORPORATION/ PRIVATELY HELD   
  CORPORATION/ PUBLICLY HELD

**COMPLETE LIST OF OFFICERS/ OWNERS**

NAME	ADDRESS	CITY/ STATE/ ZIP	TITLE	SOCIAL SECURITY NUMBER

(ATTACH LISTING IF MORE THAN THREE)

AUTHORIZED PURCHASER(S) \_\_\_\_\_ DIRECT LINE/ EXTENSION \_\_\_\_\_

ACCOUNTS PAYABLE CONTACT(S) \_\_\_\_\_ DIRECT LINE/ EXTENSION \_\_\_\_\_

DO YOU REQUIRE PURCHASE ORDER?  YES  NO

SPECIAL BILLING INSTRUCTIONS \_\_\_\_\_

**INDIVIDUAL/ JOINT PERSONAL GUARANTEE**

I/WE \_\_\_\_\_ OWNER NAME

Residing at \_\_\_\_\_ OWNER NAME

For and in consideration of your extending at our request for check acceptance/ net terms to **YOU'RE** YOUR COMPANY NAME

(hereinafter to as the "company"), hereby personally guarantee to you the payment at MISSION IMPRINTABLES in the state of California of any obligation of the company and we herby agree to bind ourselves to pay you on demand any sum which may become due to you by the company whenever the company shall fail to pay the some. It shall be understood that this guarantee will be a continuing and irrevocable guarantee and indemnity for such indebtedness of the company. We do hereby waive notice of default, nonpayment and notice thereof and consent to any modification or renewal of the credit agreement herby guaranteed. It is understood that should my/ our company become delinquent in payment, MISSION IMPRINTABLES will charge and undersigned does hereby agree to pay reasonably attorney's fees, a late charge of 2%, service charge of 1 1/2 % per month, and all other costs and expenses which may be incurred by MISSION IMPRINTABLES in the enforcement of this guarantee.

This guarantee shall bind our executors, administrators and assigns, and shall remain in force and effect unless and until called by notice sent to you by registered mail, in which case it shall then be binding as to any balances still owing and outstanding as of the date of your receipt of such registered notice.

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

PRINT NAME \_\_\_\_\_ HOME PHONE \_\_\_\_\_

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

PRINT NAME \_\_\_\_\_ HOME PHONE \_\_\_\_\_

WITNESS \_\_\_\_\_ PRINT NAME \_\_\_\_\_

**OFFICE USE ONLY**

TERMS \_\_\_\_\_ CREDIT LIMIT \_\_\_\_\_ SIGNATURE \_\_\_\_\_



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**BANK REFERENCE:**

1. \_\_\_\_\_  
ADDRESS: \_\_\_\_\_  
CITY/ STATE: \_\_\_\_\_  
ZIP: \_\_\_\_\_ PHONE: ( ) \_\_\_\_\_  
ACCOUNT #: \_\_\_\_\_  
CONTACT: \_\_\_\_\_

**PROFESSIONAL/ COMPANY REFERENCES**

1. \_\_\_\_\_  
ADDRESS: \_\_\_\_\_  
CITY/ ST./ ZIP: \_\_\_\_\_  
PHONE ( ) \_\_\_\_\_ FAX: ( ) \_\_\_\_\_  
ACCOUNT #: \_\_\_\_\_

5. \_\_\_\_\_  
ADDRESS: \_\_\_\_\_  
CITY/ ST./ ZIP: \_\_\_\_\_  
PHONE ( ) \_\_\_\_\_ FAX: ( ) \_\_\_\_\_  
ACCOUNT #: \_\_\_\_\_

2. \_\_\_\_\_  
ADDRESS: \_\_\_\_\_  
CITY/ ST./ ZIP: \_\_\_\_\_  
PHONE ( ) \_\_\_\_\_ FAX: ( ) \_\_\_\_\_  
ACCOUNT #: \_\_\_\_\_

6. \_\_\_\_\_  
ADDRESS: \_\_\_\_\_  
CITY/ ST./ ZIP: \_\_\_\_\_  
PHONE ( ) \_\_\_\_\_ FAX: ( ) \_\_\_\_\_  
ACCOUNT #: \_\_\_\_\_

3. \_\_\_\_\_  
ADDRESS: \_\_\_\_\_  
CITY/ ST./ ZIP: \_\_\_\_\_  
PHONE ( ) \_\_\_\_\_ FAX: ( ) \_\_\_\_\_  
ACCOUNT #: \_\_\_\_\_

7. \_\_\_\_\_  
ADDRESS: \_\_\_\_\_  
CITY/ ST./ ZIP: \_\_\_\_\_  
PHONE ( ) \_\_\_\_\_ FAX: ( ) \_\_\_\_\_  
ACCOUNT #: \_\_\_\_\_

4. \_\_\_\_\_  
ADDRESS: \_\_\_\_\_  
CITY/ ST./ ZIP: \_\_\_\_\_  
PHONE ( ) \_\_\_\_\_ FAX: ( ) \_\_\_\_\_  
ACCOUNT #: \_\_\_\_\_

8. \_\_\_\_\_  
ADDRESS: \_\_\_\_\_  
CITY/ ST./ ZIP: \_\_\_\_\_  
PHONE ( ) \_\_\_\_\_ FAX: ( ) \_\_\_\_\_  
ACCOUNT #: \_\_\_\_\_