



Corporate Office / Production
 929 W. 16th Street, Indianapolis, IN 46202
 Ph. (317) 635-2282 • Fax (833) 329-2774
 www.PrintingPartners.net

Downtown
 106 N. Delaware Street, Indianapolis, IN 46204
 Ph. (317) 631-5986 • Fax (833) 329-2774

ACCOUNT APPLICATION

_____ Salesperson's Initials

For the purpose of establishing open account privileges the undersigned furnishes the following information.

PLEASE PRINT OR TYPE

Firm Name _____

Street _____ City _____ State _____ Zip _____

Telephone _____ Fax _____ E-mail _____

Accounts Payable Contact: Name _____ Phone _____ E-mail _____

Billing address if different from above: Tax Exempt: yes no? (If yes, please provide signed Indiana Form ST-105)

Street _____ City _____ State _____ Zip _____

Telephone _____ Fax _____

Type of Business _____ Legal Entity: Corporation Partnership Proprietors

Year Established _____ How long at current address? _____

Principals (If a corporation, list names of officer, partners or owners)

Name	Title	E-mail	Cell Phone
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Trade/Credit References:

Company Name _____ Name of Contact _____

Street _____ City _____ State _____ Zip _____

Telephone _____ Fax _____ Email _____

Company Name _____ Name of Contact _____

Street _____ City _____ State _____ Zip _____

Telephone _____ Fax _____ Email _____

Company Name _____ Name of Contact _____

Street _____ City _____ State _____ Zip _____

Telephone _____ Fax _____ Email _____

Bank References:

Company Name _____ Name of Contact _____

Street _____ City _____ State _____ Zip _____

Telephone _____ Fax _____ Email _____

The undersigned authorizes inquiry as to credit information. We further acknowledge credit privileges, if granted, may be withdrawn at any time.

Authorized Signature: _____ Title/Position: _____ Date: _____

In consideration for Printing Partners, Inc.'s agreement to extend credit to the customer named above ("Customer"), the undersigned guarantor ("Guarantor") grants permission for the Bank and the local credit references in this document to disclose applicant's financial information to Printing Partners, and upon credit approval, applicant agrees that (a) all accounts are due and payable within 30 day from invoice and bear interest as a rate of 1-1/2% per month thereafter, and (b) agrees to personally and unconditionally guaranty the payment when due of all debts and other charges incurred by Customer (the "Liabilities") on its account with Printing Partners. This guaranty shall remain in force unless modified by Printing Partners in writing. Guarantor waives any notice of the incurring by Customer at any time of Liabilities and waives any and all presentment, demand, protest or notice of dishonor, nonpayment or other default with respect to any of the Liabilities. Guarantor agrees to pay, in addition to the Liabilities, all costs, expenses and attorneys' fees incurred by Printing Partners in the enforcement of this guaranty.

Guarantor Name: _____ Guarantor SSN: _____

Guarantor Signature _____ Date _____