



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

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)

Table with 4 columns: 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, and grants permission for the trade/credit references and bank named above to disclose applicant's financial information to Printing Partners, Inc. The undersigned also acknowledges that credit privileges, if granted, may be withdrawn at any time, and agrees that, upon credit approval, all accounts are due and payable within 30 days from invoice date and bear interest at the rate of one and one-half percent (1 1/2%) per month thereafter, and that the state and federal courts located in Marion County, Indiana, shall have exclusive jurisdiction over any dispute between applicant and Printing Partners, Inc.

Authorized Signature: Title/Position: Date:

Upon and in consideration of Printing Partners, Inc.'s agreement to extend credit to the customer named above ("Customer"), the undersigned individual ("Guarantor") personally and unconditionally guaranties the payment when due of all debts and other charges incurred by Customer (the "Liabilities") on its account with Printing Partners, Inc. 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, and consents to the jurisdiction of the state and federal courts located in Marion County, Indiana, in any suit for the enforcement of this guaranty.

Guarantor Name: Guarantor SSN:

Guarantor Signature Date