



CREDIT APPLICATION INFORMATION AND TERMS

Form-Masters, Inc. appreciates your interest in establishing credit for purchases with us. To justify the trust we will be placing in you and your company please read the terms and conditions below. Your compliance with these terms and conditions is mandatory. By signing and returning this sheet along with the Credit Application, you are stating that you have read, understood, and agreed to the terms and conditions without change as stated here in.

Credit is ONLY for those that pay in a timely manner (Net 30 days of invoice date). You are required to supply credit card (Visa or Master card) information. This information will be held and not processed if you make your payment on time as agreed. If not, your credit card will be charged as the responsible individual for the debt.

PARTIES HEREBY AGREE THAT ALL PURCHASES MADE ARE SUBJECT TO THE FOLLOWING TERMS AND CONDITIONS:

1. The undersigned purchaser hereby agrees that all amounts due for goods and services purchased from Form-Masters, Inc. are payable at P.O. Box 1175, Warsaw, Indiana 46581-1175 within 30 days of Invoice date.
2. The undersigned purchaser hereby agrees to pay Service Charges on accounts over 30 days of Invoice date. These Service Charges will accrue at the rate of 2.0% PER MONTH (24% PER ANNUM).
3. The undersigned purchaser agrees to pay, in the event the account becomes delinquent and is turned over to an attorney for collection, reasonable attorney's fees plus all court and attendant collection costs. These fees will also include the cost of travel (air fares, car rentals), lodging, meals, etc. to collect or file any court motions required in the collection process.
4. The purchaser also agrees to waive any rights afforded under bankruptcy laws in their state or states for protection in cases of nonpayment. The principle officers/owners stand responsible in full for all debts owed to Form-Masters, Inc. without reservation or argument.
5. Failure to pay in a timely manner may result in a report being filed with Experian, Trans Union, Equifax, and other credit reporting agencies. This report may automatically be executed at 61 days from Invoice date if payment has not been received at Form-Masters, Inc., P.O. Box 1175, Warsaw, IN. 46581-1175. Payment arrangement may be made to satisfy the demand and avert this process by paying with a Master card or Visa card before that date. Late payment fees will be applied.
6. The parties hereby acknowledge that the goods and/or services purchased from Form-Masters, Inc. are not payable in installments, but are payable in full as stated herein (Invoiced).
7. All Purchase Orders submitted must meet Form-Masters, Inc. Terms and Conditions for purchase and payment terms. Purchaser agrees to comply strictly with Form-Masters, Inc Terms and Conditions and not try to insert their own terms or conditions for purchases.
8. New orders are subject to review if account is beyond terms.
9. BY signing this, a Signature Quarantee is given along with authorization for Form-Masters, Inc. to check with and receive information from all financial institutions and references given to determine adequate credit limits. This includes any or all credit reporting agencies.

Company Name (include any d/b/a): _____

Financial Officer: _____
TYPE OR PRINT CLEARLY THE NAME OF PERSON OR PERSONS OF FINANCIAL RESPONSIBILITY

Credit Card: Visa Master Card Expiration Date: Month/Year: ____ / ____

Card Number: _____ Last 3 Digits of Number on Back of Card: ____ _

Name On Card: _____

Billing Address of Credit Card: _____

City: _____ State: _____ ZIP: _____

Billing Address Contact Phone: _____ Contact Email: _____

Signature of Cardholder: _____ Social Security Number: _____

This information will be used to verify card and cardholder as the proper match with the card issuing institution.

**Download, print out, complete and mail to: Form-Masters, Inc., P.O. Box 1175, Warsaw, IN 46581-1175
or, Fax to: (574) 269-5650**



P.O. Box 1175
 Warsaw, IN 46581-1175
 (800) 395-3676
 Fax: (574) 269-5650

CREDIT APPLICATION AND PURCHASE AGREEMENT

STANDARD AGREEMENT FOR OPEN ACCOUNT

We are very pleased that you are interested in obtaining an open account with our company. To justify the trust we will place in your business, please complete the following information.

APPLICANT INFORMATION		
COMPANY NAME	(Mark if applicable) <input type="checkbox"/> Branch <input type="checkbox"/> Subsidiary	TELEPHONE NUMBER ()
d.b.a.		FAX NUMBER ()
STREET ADDRESS		TYPE OF BUSINESS <input type="checkbox"/> Corporation <input type="checkbox"/> Partnership <input type="checkbox"/> Individual <input type="checkbox"/> Gov't. Agency
CITY / STATE / ZIP (5+4)		EVER FILE FOR BANKRUPTCY PROTECTION? <input type="checkbox"/> Yes <input type="checkbox"/> No
BILLING ADDRESS		PRIMARY FUNCTION OF BUSINESS <input type="checkbox"/> Retail <input type="checkbox"/> Manufacturer <input type="checkbox"/> Wholesale <input type="checkbox"/> Service <input type="checkbox"/> Other (List Below):
CITY / STATE / ZIP (5+4)		
NATURE / DESCRIPTION OF BUSINESS		
NAME OF PARENT COMPANY (if applicable)		DATE YOUR BUSINESS BEGAN
CITY / STATE OF PARENT COMPANY		DATE PARENT BUSINESS BEGAN
NAME / TITLE OF CONTACT FOR PAYMENTS	TELEPHONE ()	AMOUNT OF MONTHLY CREDIT REQUESTED

IMPORTANT: PLEASE COMPLETE BUSINESS AND FINANCIAL REFERENCES ON PAGE 2.

TERMS AND CONDITIONS	OFFICE USE ONLY	
PARTIES HEREBY AGREE THAT ALL PURCHASES MADE ARE SUBJECT TO THE FOLLOWING TERMS AND CONDITIONS: Page1, "CREDIT APPLICATION INFORMATION AND TERMS" is attached and agreed to in full. YES <input type="checkbox"/> NO <input type="checkbox"/>	SALES CODE	
	SALES REPRESENTATIVE	
	ACCOUNT NUMBER	
	INITIAL ORDER AMOUNT \$	
SIGNATURE OF INDIVIDUAL PROVIDING FINANCIAL GUARANTEE RESPONSIBILITY & AUTHORIZE THE RELEASE OF FINANCIAL INFORMATION	DATE	
TYPE OR PRINT NAME	TITLE	PROVIDE: CONTACT PHONE NUMBER

If requested, will your company provide us with your current financial statement?

 Yes No

Does your company policy require use of a written purchase order?

 Yes No

TAX EXEMPT STATUS

Will any of your purchases be exempt from sales tax?

 Yes No

If yes, please enclose or attach the proper state exemption documents.

BUSINESS REFERENCES: Please list business manufacturers and/or suppliers with whom you have open accounts.

NAME	NUMBER OF YEARS AS CUSTOMER
STREET ADDRESS	TELEPHONE NUMBER ()
CITY / STATE / ZIP CODE (5+4)	CONTACT
NAME	NUMBER OF YEARS AS CUSTOMER
STREET ADDRESS	TELEPHONE NUMBER ()
CITY / STATE / ZIP CODE (5+4)	CONTACT
NAME	NUMBER OF YEARS AS CUSTOMER
STREET ADDRESS	TELEPHONE NUMBER ()
CITY / STATE / ZIP CODE (5+4)	CONTACT

FINANCIAL INFORMATION REFERENCES – Signature Above Authorizes Release of Credit Information Below

NAME OF FINANCIAL INSTITUTION	ACCOUNT NUMBER.
STREET ADDRESS	TELEPHONE NUMBER ()
CITY / STATE / ZIP CODE (5+4)	CONTACT
NAME OF FINANCIAL INSTITUTION	ACCOUNT NUMBER.
STREET ADDRESS	TELEPHONE NUMBER ()
CITY / STATE / ZIP CODE (5+4)	CONTACT