

STARCRAFT

PRESS, INC.

44-02 11th Street, Long Island City, NY 11101

Phone: (718) 383-6700

Fax: (718) 383-0078

E-mail: info@starcraftpress.com

Attn: Credit Department

Return completed Application to Starcraft Press at the address listed. Refer any questions to the Credit Department

Credit Application

Business Name _____ Line of Credit Requested \$ _____

Address _____

Contact Name _____ Phone () _____ - _____ Ext: _____ Fax () _____ - _____

Shipping Address _____

D/B/A _____ Federal Tax ID# _____

Former Business Address (if applicable) _____

Type of Business _____ Date Established _____ How long in Business _____

Ownership: Sole Proprietorship Partnership Corporation in State of _____

Principal: _____
(PRINT NAME) (TITLE) (optional: SOCIAL SECURITY #)

Address: _____ Phone () _____ - _____

Principal: _____
(PRINT NAME) (TITLE) (optional: SOCIAL SECURITY #)

Address: _____ Phone () _____ - _____

BUSINESS REFERENCES

Name _____ Phone () _____ - _____ Fax () _____ - _____

Address _____ Account # _____

Name _____ Phone () _____ - _____ Fax () _____ - _____

Address _____ Account # _____

Name _____ Phone () _____ - _____ Fax () _____ - _____

Address _____ Account # _____

BANK REFERENCES

(Print Bank Name)	(Address)	(Acct #)	(Contact)
_____	_____	_____	_____
_____	_____	_____	_____

CONTINUED ON NEXT PAGE

Terms & Conditions

Tax Exempt yes no If yes, NY State tax exempt number: _____

Has the firm or any of it's principals ever been bankrupt? Yes No

If Yes, explain _____

Any misrepresentation in this application will be considered evidence of fraud, since this information is the basis for the extending of credit. As an inducement to grant credit, the undersigned warrants that the information submitted is true and correct. Starcraft Press, Inc. is authorized, now or in the future, to investigate the credit references and principles listed. A fax copy may be used as an original. Starcraft Press, Inc. reserves the right to withdraw the line of credit at any time.

In consideration for the extension of credit, said business promises to pay for all purchases within the term, Net 30 days, and agrees to pay a service charge per month of 1% per month (12% annual percentage rate) on all past due balances. In the event any third parties are employed to collect any outstanding monies owed by said business the undersigned agrees to pay reasonable collection cost, including attorney fees, whether or not litigation has commenced, and all costs of litigation incurred. Returned checks are subject to a \$30.00 fee for each occurrence. The undersigned represents that he/she has the authority to execute this credit agreement on behalf of the business identified.

(Name of Business)

(Print Name)

(Title)

(Signature)

(Date)

(Print Name)

(Title)

(Signature)

(Date)

CREDIT DEPARTMENT USE ONLY

Line of Credit Approved Denied Amount \$ _____ Date ____/____/____

Sales Rep _____ Customer Service Rep _____

Comments: