



3920 Airpark Boulevard
 Duluth, Minnesota 55811
 (218) 722-9805 • Fax (218) 722-9914

Credit Application

Date _____

Account # _____

Credit Limit \$ _____

Customer Information		To assure expeditious handling, please be as thorough as possible in completing this application. Lack of details (e.g. Account Numbers, Street Addresses, etc.) can delay processing.			
Organization Name			Any other name used		
Address				P.O. Box	
City	State	Zip	Telephone ()	Fax ()	
Other Locations					
Name _____			Name _____		
Address _____			Address _____		
City, State, Zip _____			City, State, Zip _____		
<input type="radio"/> Corporation <input type="radio"/> Partnership <input type="radio"/> Proprietorship <input type="radio"/> Other		Year Established	Number of Years at Present Location	Amount of Credit Requested \$	
Are you tax exempt? <input type="radio"/> Yes <input type="radio"/> No		If yes, attach a copy of your tax exempt certificate.			
Are you funded by another source? <input type="radio"/> Yes <input type="radio"/> No		If yes, list source of Funding: _____			
Type of Business			Accounts Payable Manager		
Owners/Principal Officers (Name & Title)					
Name _____			Title _____		

TRADE REFERENCES			(Give only names of those you buy from an open account) Major Charge Cards or Utilities Not Accepted.		
Name		Address			
City, State, Zip		Telephone ()		Fax ()	
Name		Address			
City, State, Zip		Telephone ()		Fax ()	
Name		Address			
City, State, Zip		Telephone ()		Fax ()	

BANK REFERENCES			
Name		Branch	Address
City		State	Zip
Account No.		Type	Telephone ()
Account No.		Type	Contact Person
Name		Branch	Address
City		State	Zip
Account No.		Type	Telephone ()
Account No.		Type	Contact Person

We believe that our company, listed above, is financially able to meet any commitments we have made and we expect to pay our invoices according to your terms. I have read your credit policy on page two of this form and agree to abide by those terms. All of the above information is given for the purpose of obtaining credit and is true and accurate to the best of my knowledge. Confirmation of such information may be made from any source. We, the undersigned, authorize our creditors to release our credit information to Pro Print, Inc.

Company Name _____ Applicant's Name _____ Title _____

Signature _____ Date _____

(Must be owner or officer authorized to sign on bank accounts.)



Pro Print Credit Policy

All new accounts applying for credit will be required to fill out a credit application and pay a 50% deposit at the time you place your first order. We are unable to put any orders into production until the 50% deposit has been made *and* your credit application has been approved. If your application has been approved, you will be given terms on the balance. If it is denied, you will revert to COD status and need to pay your balance due at the time the order is completed. Once you have qualified for credit, we will sell our supplies and goods to you on an open account until you have reached your approved credit limit. Please understand that your request and application for credit is not a guarantee that Pro Print Inc. will extend credit to you.

Payments for all invoices are due within thirty (30) days of the date of delivery. The date of delivery is the date upon which the customer obtains possession of their printed products, good or services. We will deem an account past due if any charge is not received by Pro Print within forty-five (45) days of the date of delivery. Account balances which are past due will incur finance charges at a rate of 1.5% per month, 18% per annum. Any account which becomes sixty (60) days or more past due may be subject to loss of your credit terms, and we may require you to return to a Cash on Delivery (COD) account status. As long as your account remains sixty (60) days or more past due, we will not extend any further credit until the balance is paid for in full. Any account that becomes ninety (90) days past due is subject to collection, including reasonable attorney's fees and court costs, which will be your responsibility.

Like you, we must pay for our purchases. When you promptly pay us, we can carry a larger inventory, which will benefit you in getting your printing done in a timely manner. If your account becomes past due, there may be an acceptable reason. If so, please contact us and we will do our best, within reason, to work with you. Your support is sincerely appreciated and we look forward to a long relationship serving your printing needs.

I acknowledge the receipt of Pro Print Inc.'s Credit Policy. I have read the Credit Policy and have had reasonable opportunity to present any questions regarding this policy to Pro Print Inc. I understand the conditions of the Credit Policy and agree to abide by the terms contained therein.

Name (Authorized Signer): _____ Title: _____

Signature: _____ Date: _____