



3550 Comotara, Wichita, Kansas 67226 316.636.5505 800.626.4421
www.colorimpressions.biz Fax 316.636.5888

CREDIT APPLICATION

Company Name (bill to) _____

Street Address _____

City _____ State _____ Zip Code _____ Telephone _____

Ship to Street Address (if different) _____

City _____ State _____ Zip Code _____ Telephone _____

Kind of Business _____ Year Started _____

- Type of Ownership: Individual
 Corporation *If a Corporation or Partnership, Personal Guaranty on Reverse MUST be signed.*
 Partnership

PRINCIPALS: If a Corporation, list the names of officers and their titles. If other entity, list names of partners, members or owners.

Names	Title	Mailing Address	City	State
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

CREDIT INFORMATION:

Are you currently listed in Dun & Bradstreet? _____ If so, rating _____

Are Purchase Orders Required? _____ Yes _____ No

Has this firm or any of its partners ever filed **Bankruptcy**? _____ Yes _____ No

Authorized Buyers _____

Party Responsible for Payment _____

BANK INFORMATION:

Bank Name _____ Address _____

Bank Contact _____ Telephone _____ Account Number _____

List three (3) trade references you are doing charge business with:

Company Name	Mailing Address	City State Zip	Telephone	Fax
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

The above information is correct to the best of my knowledge and I authorize Color Impressions, Inc. and any of its subsidiaries, to obtain credit information from my references.

I (we) agree that Color Impressions, Inc., reserves the right to add a service charge of 1 1/2% per month (annual rate of 18%) on unpaid balances which are 30 days beyond terms.

The undersigned agrees to pay Color Impressions, Inc., for any materials ordered or work performed for or on behalf of the undersigned and acknowledges that credit may be extended to the undersigned as a result of the representations and information contained above. If a bid for work is accepted and purchaser fails to make payment as specified herein, purchaser agrees to pay all reasonable attorney fees, collection costs and court costs associated with collection of such payment by Color Impressions, Inc.

Dated this _____ day of _____, 20__.

Authorized Signature

Title

.....
PERSONAL GUARANTEE

For good and valuable consideration, the undersigned jointly and severally unconditionally guarantees the prompt payment of any and all credit that may be extended to our company by Color Impressions, Inc., from the date of this agreement until ten (10) days after receipt by Color Impressions, Inc. at 3550 Comotara, Wichita, Kansas 67226, of written notification of the undersigned's desire to terminate this guarantee as to any credit extended or order received after such notification. It is understood and agreed that credit is to be extended by Color Impressions, Inc., on a continuing basis, and Color Impressions, Inc., shall not be obligated to notify the undersigned of the dates or amounts of any such credit extended. The undersigned hereby waives demand, notice of default, and any extension of time or other forbearance, which may be extended by Color Impressions, Inc. The undersigned agree, jointly and severally, to pay in addition to the indebtedness hereby guaranteed, costs of collection.

Dated and Signed this ____ day of _____, 20__.

Personal Guarantor

Personal Guarantor