CREDIT APPLICATION

Business Name: _____

Address: _____   For Past _____ Years

Phone: _____   Fax: _____

Email: _____

Billing Address: _____   Shipping Address: _____

D/B/A _____   Federal Tax ID# _____

Website _____

Mortgage Holder / Landlord _____   Former Landlord _____

No. of Employees _____   Est. Annual Sales _____   Years in Business _____

Does State, County, or City require a License? ☐ Yes ☐ No   If Yes, License # _____

OWNERSHIP: ☐ Sole Proprietorship ☐ Partnership ☐ Corporation

PRINCIPAL: _____   **Title:** _____   **SS#** _____

PRINCIPAL: _____   **Title:** _____   **SS#** _____

PRINCIPAL: _____   **Title:** _____   **SS#** _____

REFERENCES: *(Please include fax numbers with all references.)*

1. Name _____   Account # _____
   Address _____   Phone _____
   City/St/Zip _____   Fax _____

2. Name _____   Account # _____
   Address _____   Phone _____
   City/St/Zip _____   Fax _____

3. Name _____   Account # _____
   Address _____   Phone _____
   City/St/Zip _____   Fax _____

BANK REFERENCE:

Name _____   Account # _____

Address _____   Phone _____

Contact _____   Fax _____

We hereby authorize our banking institution and references to release financial information. We verify that all information on this form is correct. We fully understand your credit terms and agree to the proper payment in consideration of credit.

_____   _____   _____
Signed   *Print*   *Date*

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Has the firm or any of its 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. You are authorized to investigate the credit references and principals listed.

In consideration for the extension of credit, said business promises to pay for all purchases within the terms agreed (Net 30 days) and agrees to pay a service charge per month of 1-1/2% per month (18% 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 costs, including attorney fees, whether or not litigation has commenced, and all costs of litigation incurred. 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)
_____	_____	_____
(Print Name)	(Title)	(Signature)

PERSONAL GUARANTEE

In consideration for Envelope Superstore extending credit to the business identified below for any materials and/or services after this date at the request of applicants or its agents, the undersigned individual hereby personally guarantees unconditionally and irrevocably the prompt payment of any sums now or hereafter owed to Envelope Superstore by the business identified below whether said sums are due under open account, contract or otherwise.

It is understood and agreed that credit, if extended, is to be on a continuing basis and may exceed estimated maximum credit limit required as stated in the credit agreement between Envelope Superstore and the business. Envelope Superstore shall not be obligated to notify the undersigned of the dates or amounts of any such credit and the undersigned waives demand, notice of default and any extension of time or any other forbearance which may be extended by Envelope Superstore.

This guarantee shall continue in force until notice in writing, sent by registered or certified mail, return receipt requested is received by Envelope Superstore. Said notice shall specify the date on which this guarantee is to be terminated; said date not to be less than seven days after such notice is received. Such termination shall in no way release the undersigned as to any sum or debt incurred prior to such termination.

Date: _____   Name: _____
                                                        (Name of person guaranteeing payment, NO TITLE)

Home Address: _____

City: _____   State: _____   Zip: _____

Home Phone: _____   SS#: _____

Signature of person guaranteeing payment: _____

Name of Business whose account is guaranteed: _____

CREDIT DEPARTMENT USE ONLY

Date: _____

Line of Credit: ☐ Approved   ☐ Denied   Amount $ _____

Comments: _____