



227 Academy Street | Williamsport, PA 17701
Phone: 1-800-626-1151 | Fax: 570-326-7598

Credit Application

WE VALUE YOUR BUSINESS AND LOOK FORWARD TO BUILDING AN EQUITABLE BUSINESS RELATIONSHIP WITH YOUR COMPANY. WHILE WE ARE COMPILING THE CREDIT INFORMATION NECESSARY TO ESTABLISH YOUR ACCOUNT, YOU MAY CONSIDER SENDING A 50% DEPOSIT FOR YOUR INITIAL ORDER IF IT REQUIRES "RUSH" PRODUCTION.

LEGAL NAME OF BUSINESS _____

DOING BUSINESS AS _____

MAILING ADDRESS _____ ZIP CODE _____
(9 DIGIT)

PHYSICAL ADDRESS _____ ZIP CODE _____
(9 DIGIT)

PHONE _____ FAX _____

E-MAIL ADDRESS _____

CHECK LEGAL STATUS: _____ CORPORATION _____ PARTNERSHIP _____ PROPRIETORSHIP

FEDERAL I.D. # _____ SOCIAL SECURITY # _____

STATE OF INCORPORATION OR REGISTRATION OF PARTNERSHIP, PROPRIETORSHIP, JOINT VENTURE, OR OTHER: _____

HOW MANY YEARS IN BUSINESS UNDER THE ABOVE NAME? _____

LOCATION _____ OWN _____ RENT _____ NO OF EMPLOYEES _____

IF RENTING, NAME AND ADDRESS OF LANDLORD _____

HAVE YOU PREVIOUSLY SOLD UNDER ANOTHER NAME? _____ YES _____ NO

IF SO, PREVIOUS TRADE NAME _____ WHEN LAST SOLD? _____

ADDRESS _____

(IF A CORPORATION, LIST NAMES OF OFFICERS AND TITLES. IF OTHER ENTITY, LIST NAMES OF PARTNERS OR OWNERS.)

NAME	TITLE	ADDRESS	CITY	STATE	ZIP
_____	_____	_____	_____	_____	_____

E-MAIL ADDRESS _____

E-MAIL ADDRESS _____

E-MAIL ADDRESS _____

MANUFACTURING TRADE REFERENCE	MANUFACTURING TRADE REFERENCE
NAME _____	NAME _____
ADDRESS _____	ADDRESS _____
CITY, STATE, & ZIP _____	CITY, STATE, & ZIP _____
PHONE _____	PHONE _____
FAX _____	FAX _____
How long have you done business with this firm? _____	How long have you done business with this firm? _____
MANUFACTURING TRADE REFERENCE	COMMERCIAL REFERENCE
NAME _____	NAME _____
ADDRESS _____	ADDRESS _____
CITY, STATE, & ZIP _____	CITY, STATE, & ZIP _____
PHONE _____	PHONE _____
FAX _____	FAX _____
How long have you done business with this firm? _____	How long have you done business with this firm? _____
MANUFACTURING TRADE REFERENCE	BANK REFERENCE
NAME _____	NAME _____
ADDRESS _____	ADDRESS _____
CITY, STATE, & ZIP _____	CITY, STATE, & ZIP _____
PHONE _____	PHONE _____
FAX _____	FAX _____
How long have you done business with this firm? _____	How long have you done business with this firm? _____

APPLICANT'S AUTHORIZATION & AGREEMENT

In support of this application, KBF PRINT TECHNOLOGY is hereby authorized to obtain credit and/or financial information from my/our bank(s), other financial institutions or commercial firms with whom I/we have done business. It is understood that any such credit and/or financial information will be help in strict confidence and used only in consideration of this application.

In consideration of KBF PRINT TECHNOLOGY extending credit to the above named applicant, I/we hereby grant you a security interest in goods you will sell us from time to time to secure their purchase price and it is agreed that all purchases will be paid in full and in accordance with the terms of sale. Should I/we not pay according to terms, it is understood that credit privileges may be withdrawn, and I/we agree to pay interest at the rate of 1.5% per month (or such other rate allowable by law) on any past due balance. Should the need arise to place any unpaid charges due to KBF PRINT TECHNOLOGY with an attorney or a third-party debt collection service (a collection agency), applicant agrees to pay the full amount of the charges remaining unpaid there under, service charge as above stated and interest on the unpaid charges to the extent permitted by applicable state law, together with all costs and expenses of collection including reasonable attorneys' fees and/or collection fees. It is understood that KBF PRINT TECHNOLOGY reserves the right to hold shipments for accounts with past due balances.

THE PERSON(S) SIGNING THIS APPLICATION CERTIFIES (Y) THAT ALL OF THE INFORMATION CONTAINED IN THIS APPLICATION AND ANY ATTACHMENT IS TRUE AND CORRECT TO THE BEST OF THEIR INFORMATION, KNOWLEDGE AND BELIEF.

Signature of Officer, Partner or Owner

Date

Signature of Officer, Partner or Owner

Date

PLEASE RETURN BOTH A VALID EXEMPTION CERTIFICATE AND A SIGNED ORIGINAL CREDIT APPLICATION.