



433 Route 108  
Somersworth, NH 03878  
Phone: (603) 692-7424  
Fax: (603) 692-7907

# APPLICATION FOR CREDIT

Please Complete in Full

## General Information

Company Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
City, State, Zip: \_\_\_\_\_

A/P Contact Person: \_\_\_\_\_ A/P Phone Number: \_\_\_\_\_

A/P Email Address: \_\_\_\_\_

Type of Business: \_\_\_\_\_ Years in Business: \_\_\_\_\_

Please Circle One: CORPORATION PARTNERSHIP SOLE-PROPRIETOR OTHER: \_\_\_\_\_

Name(s) of Owner(s): \_\_\_\_\_

Treasurer

Purchasing Contact

## Bank Reference:

Bank Name: \_\_\_\_\_ Bank Address: \_\_\_\_\_

Contact Person: \_\_\_\_\_ City, State Zip: \_\_\_\_\_

Fax Number: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Checking Account #: \_\_\_\_\_ Savings Account #: \_\_\_\_\_

## Trade References:

Company: \_\_\_\_\_ Phone #: \_\_\_\_\_

Address: \_\_\_\_\_ Fax #: \_\_\_\_\_

City, State Zip: \_\_\_\_\_ Contact: \_\_\_\_\_

Company: \_\_\_\_\_ Phone #: \_\_\_\_\_

Address: \_\_\_\_\_ Fax #: \_\_\_\_\_

City, State Zip: \_\_\_\_\_ Contact: \_\_\_\_\_

Company: \_\_\_\_\_ Phone #: \_\_\_\_\_

Address: \_\_\_\_\_ Fax #: \_\_\_\_\_

City, State Zip: \_\_\_\_\_ Contact: \_\_\_\_\_

## Personal Guaranty (Required for all Sole Proprietorships and Partnerships):

As an inducement to Sumner Printing, Inc. to finance the purchase of goods or services by the business entity that has signed the Application for Credit, the undersigned ("Guarantor") unconditionally guarantees the prompt payment when due, or on demand, of the full amount of indebtedness due to Sumner Printing, Inc. from the business entity, including all charges, expenses and fees (collectively, the "Account"). Guarantor authorizes Sumner Printing, Inc. to investigate Guarantor's business and/or personal credit and to furnish information about the Account and Guarantor to credit reporting agencies and others, including Sumner Printing, Inc.'s affiliates.

Name: \_\_\_\_\_ DOB: \_\_\_\_\_ SSN: \_\_\_\_\_  
First, MI, Last

Address: \_\_\_\_\_ Phone #: \_\_\_\_\_

City, State Zip: \_\_\_\_\_ Annual Income: \_\_\_\_\_

Signature: \_\_\_\_\_ Title: \_\_\_\_\_ Date: \_\_\_\_\_

Terms are NET 15 days. Delinquent accounts over 30 days are subject to a finance charge of 1-1/2% per month (APR 18%). If a claim is turned over to an attorney for collection the customer is liable for all costs and expenses of collection including reasonable attorney fees.

I hereby certify that the information contained herein is complete and accurate. Furthermore, I hereby authorize the financial institutions listed in this credit application to release necessary information to the company for which credit is being applied.

Name: \_\_\_\_\_ Title: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_