



Kingery Printing Company
 3012 South Banker
 P.O. Box 727
 Effingham IL 62401 0727
 Tel 217 347 5151
 Fax 217 540 5400

Application for Credit and Agreement

An open line of credit is a service granted, not an obligation of the seller, and is based on confidence in you and your business. You earn the right to this service. Protect it by observing our terms of sale.

DATE _____

Please fill out all applicable information and return to above.

NAME OF FIRM	PRINCIPALS	TITLE	RESIDENCE ADDRESS AND PHONE
ADDRESS			
CITY	STATE	ZIP CODE	BUSINESS PHONE
YEAR ESTABLISHED	We are incorporated under the state laws of _____		CREDIT LINE REQUESTED (monthly)

CORPORATION
 PARTNERSHIP
 SOLE OWNER

How long have you been in business under this name? _____

Is your firm a division or subsidiary of any other firm? _____ Yes _____ No Number of Employees: _____

If yes, indicate name and location: _____ Type of Business: _____

PRESENT DUN & BRADSTREET RATING _____ YOUR DUN'S IDENTIFICATION NO. _____

Has your firm or any of its principals ever been a customer of Kingery Printing Co.? _____ If so, under what name(s)? _____

REFERENCES

Please list 3 Supplier References with complete address and telephone number

1.) _____ 2.) _____

(_____) _____ Contact: _____ (_____) _____ Contact: _____

fax (_____) _____ fax (_____) _____

3.) _____

(_____) _____ Contact: _____

fax (_____) _____

BUSINESS ACCOUNT (Complete Address)

Bank: _____ Branch: _____

Telephone: _____ fax: _____

Contact: _____

Specify Type of Account and Number: _____

Installment Financing Source: _____ Address: _____

Other Financing: _____ Address: _____

PLEASE COMPLETE, SIGN THE REVERSE SIDE AND RETURN.

GENERAL INFORMATION

Name of person to contact at your office if any problems arise or if additional information is required: _____ *Title*

Attention Illinois State Customers: Submit resale certificate or exemption certificate number.

No. _____

Please attach any other information you feel will support your request for credit.

I (we) believe that our firm is financially able to meet any commitments we have made, and I (we) promise to pay the account in full according to the invoice terms or as specified in terms of any written contract. If, however, this account is not paid as agreed, a late charge will be assessed on payments received after 30 days following the date of billing, computed at one and one-half percent (1½%), annual percentage rate 18%.

For the value received each and every party who signs this application or becomes liable either now or hereafter for the payment of this agree severally waives presentment, demand, protest and notice of non-payment hereof, binds himself hereon as the principal and not the surety and agrees to remain bound hereon, notwithstanding any extension that may be made to any party liable hereon.

You are hereby authorized to contact any or all of the references regarding our credit standing. I (we) understand the above stated credit terms and policy as stated.

The undersigned being _____ of the applicant corporation does hereby agree to the above terms and conditions and assumes personal liability and responsibility for payment of the said corporation's account. It is understood that credit would not be extended to said corporation without this assumption of liability on the part of the signator.

BY _____

TITLE _____