



INCOMPLETE APPLICATIONS WILL BE RETURNED AND WILL DELAY THE APPROVAL PROCESS.

General Information

Business Name _____
 Physical Address _____
 City _____ State _____ Zip _____
 Billing Address _____
 City _____ State _____ Zip _____
 Business Phone () _____ - _____
 Major product or service _____
 How long in business? _____ (less than 3 yrs. see reverse)
 Acct. Payable Contact _____

Type: [] Corporation
 [] Partnership
 [] Sole Proprietor
 [] Non-Profit
 [] Government Office

Tax Exempt No. _____
 (provide copy of certificate)

Credit Limit Requested: \$ _____
 (if left blank, default is \$1,200)

The following people are authorized to charge on this account:

Bank Reference

Bank Name _____
 Checking Acct No. _____
 How long has your account been open? _____

Trade References (please provide 3)

Vendor Name _____	Phone () _____
Address _____	Fax () _____
City _____ State _____ Zip _____	Account No. _____
Vendor Name _____	Phone () _____
Address _____	Fax () _____
City _____ State _____ Zip _____	Account No. _____
Vendor Name _____	Phone () _____
Address _____	Fax () _____
City _____ State _____ Zip _____	Account No. _____

If credit is granted I/we promise to pay bills when rendered. I/we understand all invoices are payable thirty days from the date of invoice and that a service charge of 1 1/2 % per month may be added to my/our past due account. In the event payment is not made and my/our account is referred to a collection agency, I/we will pay all costs of collection. If legal action is required, I/we will pay reasonable attorney's fees resulting from such action. I/we authorize the above listed bank and trade references to release to Zebra Print Solutions any credit or financial information that Zebra Print Solutions may request and further agree, if Zebra Print Solutions grants credit, to comply with the above terms of credit.

Name _____ Title _____
 Signature _____ Date _____

We require a PO for payment. [] Yes [] No

This section required for companies which have been in business less than 3 years.

Individual or Joint Personal Guaranty

Date _____, 20_____

I/we, _____, residing at _____
(your name(s)) (home address)

_____, for and in consideration of your credit at my request for

_____ (hereinafter referred to as the "Company"), of which
(company name)

I/we are _____, hereby personally guarantee to you the
(your title(s))

payment of any obligation of the Company and I/we hereby agree to bind myself/ourselves to pay you on demand any sum which may become due to you by the Company whenever the Company shall fail to pay the same. It is understood that this guaranty shall be continuing and irrevocable guaranty and indemnity for such indebtedness of the Company. I/we do hereby waive notice of default, non payment and notice thereof and consent to any modification or renewal of the credit agreement hereby guaranteed.

Signature: _____

Signature: _____

Witness: _____