

# MarksOnPaper.com CREDIT APPLICATION

**INSTRUCTIONS:** fill out this form in its entirety and fax to 574-254-1489

## GENERAL INFORMATION

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Business Trade name (DBA) \_\_\_\_\_

Business Legal Name (as it appears on business license) \_\_\_\_\_

Business Street Address (Street, City, State, Zip Code) \_\_\_\_\_

(      )

Business Telephone

(      )

Billing Address (if different) \_\_\_\_\_

Fax Telephone

Shipping Address (if different) \_\_\_\_\_

CHECK ONE:     Sole Proprietorship     Partnership     Corporation \_\_\_\_\_ State \_\_\_\_\_ Date \_\_\_\_\_

Length of time at present address: \_\_\_\_\_ years, \_\_\_\_\_ months.

Length of time in business: \_\_\_\_\_ years, \_\_\_\_\_ months.

## CORPORATE CREDIT INFORMATION

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Please complete this section for all corporate officers. Use extra sheets if necessary.

Officer Name \_\_\_\_\_

Title \_\_\_\_\_

Telephone \_\_\_\_\_

Officer Name \_\_\_\_\_

Title \_\_\_\_\_

Telephone \_\_\_\_\_

Officer Name \_\_\_\_\_

Title \_\_\_\_\_

Telephone \_\_\_\_\_

D & B Number \_\_\_\_\_ Rating \_\_\_\_\_

Federal ID#: \_\_\_\_\_

## PERSONAL CREDIT INFORMATION (Sole Proprietorship / Partnership)

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Please complete this sections for all owners / partners. Use extra sheets if necessary.

Name \_\_\_\_\_

Name \_\_\_\_\_

Home Address \_\_\_\_\_

Home Address \_\_\_\_\_

Telephone Number \_\_\_\_\_

Telephone Number \_\_\_\_\_

Social Security Number \_\_\_\_\_

Social Security Number \_\_\_\_\_

Drivers License No. \_\_\_\_\_

Drivers License No. \_\_\_\_\_

Have you ever applied for bankruptcy?     Yes     No

Have you ever applied for bankruptcy?     Yes     No

If yes, please complete:

If yes, please complete:

Personal     Business    Date filed: \_\_\_\_\_

Personal     Business    Date filed: \_\_\_\_\_

Current status: \_\_\_\_\_

Current status: \_\_\_\_\_

## BANK INFORMATION

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Bank \_\_\_\_\_

Bank \_\_\_\_\_

Address \_\_\_\_\_

Address \_\_\_\_\_

Account Officer \_\_\_\_\_

Account Officer \_\_\_\_\_

Telephone Number \_\_\_\_\_

Telephone Number \_\_\_\_\_

Checking Acct. No.    Savings Acct. No.    Loan No.

Checking Acct. No.    Savings Acct. No.    Loan No.

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**TRADE / CREDIT REFERENCES**

Name \_\_\_\_\_  
Address \_\_\_\_\_  
Phone \_\_\_\_\_  
Fax \_\_\_\_\_  
Contact Name \_\_\_\_\_  
Account Number \_\_\_\_\_

Name \_\_\_\_\_  
Address \_\_\_\_\_  
Phone \_\_\_\_\_  
Fax \_\_\_\_\_  
Contact Name \_\_\_\_\_  
Account Number \_\_\_\_\_

Name \_\_\_\_\_  
Address \_\_\_\_\_  
Phone \_\_\_\_\_  
Fax \_\_\_\_\_  
Contact Name \_\_\_\_\_  
Account Number \_\_\_\_\_

Name \_\_\_\_\_  
Address \_\_\_\_\_  
Phone \_\_\_\_\_  
Fax \_\_\_\_\_  
Contact Name \_\_\_\_\_  
Account Number \_\_\_\_\_

**PLEASE ATTACH CURRENT YEAR-END AUDITED FINANCIAL STATEMENTS. IF FINANCIAL STATEMENTS ARE NOT AUDITED, THEY MUST INCLUDE A SIGNATURE OF AN OWNER/OFFICER.**

**FAILURE TO COMPLETE ALL SECTIONS OF THIS APPLICATION WILL DELAY PROCESSING OF YOUR ACCOUNT.**

This application is submitted by applicant to MarksOnPaper.com. ("MOP") for the purpose of obtaining trade credit. MOP reserves the right to decline credit to applicant and, in the event credit is extended to applicant, to change or revoke applicant's credit limit on the basis of changes in MOP's credit policies or applicant's financial condition and/or payment record.

All sales of products and services by MOP to applicants will be subject to MOP's standard sales terms and conditions including a service charge at 18% APR (1.5% monthly) on all balances more than thirty (30) days past due. Applicant is responsible for any and all collection and legal fees incurred in the collection of past due balances owed to MOP by applicant. Any variance from those terms and conditions will be effective only if agreed to in writing by MOP prior to the time the product or services are ordered.

By signing this application, applicant certifies that all information provided on this application is correct to the best of applicant's knowledge. Applicant hereby authorizes the release of credit and banking information to MOP by the references listed on this application. Applicant authorizes MOP to file a financing statement or security for all goods and services purchased by applicant from MOP without further authorization from applicant.

Signed at \_\_\_\_\_ as of this \_\_\_\_\_ day of \_\_\_\_\_  
19\_\_\_\_\_

Officer/Owner \_\_\_\_\_  
Authorized Signature \_\_\_\_\_ Print Name-Title \_\_\_\_\_

**RESALE CERTIFICATE**

If product/services are for resale and/or tax exempt, please attach a copy of the retail certificate issued by your state OR complete the following information:

\_\_\_\_\_ ("Reseller") hereby certifies that it holds valid state sales tax permit number \_\_\_\_\_ issued by the state of \_\_\_\_\_; that it is engaged in the business of selling \_\_\_\_\_; and that tangible personal property described below purchased from MarksOnPaper.com, Inc. will be resold by it in the form of tangible personal property.

Description of Property Purchased: \_\_\_\_\_

In the event that any of the above described property is not resold and is not held by Reseller for retention, demonstration, or display for sale in the regular course of Reseller's business, Reseller will report the purchase of such property to the appropriate tax authorities and will pay required sales and use taxes relating to the purchase of such property.

Certified and agreed on \_\_\_\_\_, 19\_\_\_\_\_

Signature: \_\_\_\_\_ Address: \_\_\_\_\_

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

Title: \_\_\_\_\_ Phone: \_\_\_\_\_