



CREDIT APPLICATION & PERSONAL GUARANTY

Date: _____ Amount of Credit Requested: _____

Firm: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Main Office Phone Number: () _____ Fax Number: () _____

Tax Exempt: No Yes **IF YES, MUST ATTACH A COPY OF SALES TAX RESALE CERTIFICATE OR SALES TAX EXEMPT CERTIFICATE**

Person requesting credit: _____ Title _____

Person responsible for payables: _____ Title _____

Payables' Email address: _____ Email Invoices - Do not mail

Payables' phone number: () _____ How long in Business: _____ **P.O.'s Required?** No Yes

Required Information: We verify credit through Experian and without the information below we will not be able to process your application.

Type of Business: Sole Proprietorship Partnership Corporation EIN (Federal Tax Number): _____

Sole Proprietorship:

Principle or Owner's Name: _____ Social Security No.: _____

Partnership:

Partner Name: _____ Social Security No.: _____

Partner Name: _____ Social Security No.: _____

Corporation: Articles of Incorporation Charter Number: _____

TRADE REFERENCES: Sign Companies, Printers, Graphic Designers, etc. *(Mortgage Companies, Credit Card Companies, Telephone Companies, Couriers, will not be considered)*

1. Business _____ Account # _____

Contact _____ Phone _____ Fax _____

2. Business _____ Account # _____

Contact _____ Phone _____ Fax _____

3. Business _____ Account # _____

Contact _____ Phone _____ Fax _____

Mailing address for billing (if different from above)

Company Name: _____ Attention: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Phone number: () _____ Fax number: () _____

Applicant understands that it has applied for credit with Gigantic Color, Inc. Applicant represents that all items to be charged on credit with Gigantic Color, Inc. are for business purposes. Applicant authorizes Gigantic Color, Inc. and/or its representatives, agents and attorneys to obtain our report from any and all credit reporting agencies.

Applicant agrees that terms on any credit extended are net thirty (30) days. Any amounts not so paid will accrue interest at the rate of one and one-half (1.5) percent per month until the balance is paid. Credit to the applicant may be discontinued at any time at the discretion of Gigantic Color, Inc. Applicant further agrees to pay all court costs, attorneys' fees and collection costs if this account is placed for collections.

Signature _____ Title _____

PLEASE RETURN TO:

7900 Ambassador Row • Dallas, Texas 75247 • (214) 741-1970 • Fax (214) 752-5524



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For good and valuable consideration, the undersigned (jointly & individually) agree to be personally liable for all indebtedness incurred by the above listed corporation or business entity. The undersigned (jointly & individually) further agree to be personally liable for all indebtedness based on the extension of credit to any other corporation or business entity with which the undersigned is or may be affiliated. If a default in the terms of payment occurs on any account on which the undersigned is or may be liable, and which is placed with an attorney or bonded collection agency, the undersigned (jointly & individually) agree to pay an additional 25% collection charge on the entire unpaid balance.

Printed Name _____ Signature _____ Date _____

Printed Name _____ Signature _____ Date _____

THE USE OF MY CORPORATE TITLE IS ONLY TO IDENTIFY MY POSITION IN THE COMPANY AND IN NO WAY NEGATES MY PERSONAL GUARANTEE.

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