

ACME GRAPHICS, INC. 201 3RD AVE SW (Box 1348) - CEDAR RAPIDS, IOWA 52406
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FAX : 319-363-6437 TOLL FREE FAX: 866-711-2263

CREDIT APPLICATION

Customer and Billing Information

A.S.I. # _____ Date: _____

Company Legal Name: _____ Phone: _____

Billing Address: _____ City _____ State _____ Zip _____

Type of Business: Corporation: _____ S-Corp _____ Partnership _____ Proprietor _____ Other _____

Date Established: Month _____ Year _____ # Of Employees: _____ State of Inc. _____ Sales tax# _____

Territory Covered: _____

Personal Information of Proprietor, Partners, or Major Shareholders

Principal Name _____ SSN _____ Title _____

Home Address: _____ City _____ State _____ Zip _____

Principal Name _____ SSN _____ Title _____

Home Address: _____ City _____ State _____ Zip _____

Bank Reference

Name of Bank _____ Phone # _____

Personal Banker/Lending Officer _____ Fax # _____

Bank Address: _____ Checking Account # _____

Loan Account # _____ Checking Account # _____

Loan Account # _____ Savings Account # _____

Trade References

Vendor _____ Phone # _____ Fax# _____

Address: _____ Account# _____

Vendor _____ Phone # _____ Fax# _____

Address: _____ Account# _____

Vendor _____ Phone # _____ Fax# _____

Address: _____ Account# _____

Authorization for Disclosure of Credit Information/Must Be Signed

Applicant hereby authorizes the release of business and/or personal credit information now and from time to time to Acme Graphics, Inc. or its assigns(1) from any source including credit bureau reporting agencies and applicant's bank for the purpose of extending credit(2) to any credit reporting agency. I hereby represent all information is true, correct and complete and waive any right or claim I would otherwise have under the Fair Credit Reporting Act.

COMPANY NAME/INDIVIDUAL: _____

Signature _____ Title _____ Signature _____ Title _____

Name printed: _____ Name printed: _____