

CREDIT APPLICATION (PLEASE TYPE OR PRINT)

APPLICANT (BUSINESS OR CORPORATE NAME)			ACCOUNTS PAYABLE CONTACT NAME		DATE
BUSINESS STREET ADDRESS			BILLING ADDRESS		
CITY	STATE	ZIP CODE	CITY	STATE	ZIP CODE
BUSINESS PHONE #	YEAR ESTABLISHED		TYPE OF BUSINESS <input type="checkbox"/> SOLE PROPRIETOR <input type="checkbox"/> PARTNERSHIP <input type="checkbox"/> CORPORATION <input type="checkbox"/> LLC & SUBSIDIARY	IF INCORPORATED IN WHAT STATE? _____ D&B _____ RATED/DATE	FINANCIAL STATEMENT <input type="checkbox"/> WILL BE MAILED <input type="checkbox"/> ENCLOSED <input type="checkbox"/> DECLINED
BUSINESS FAX #	NUMBER OF EMPLOYEES				
EMAIL	BUSINESS BUILDING IS <input type="checkbox"/> OWNED <input type="checkbox"/> RENTED		HAS OWNERSHIP CHANGED IN THE LAST 2-5 YEARS? <input type="checkbox"/> YES <input type="checkbox"/> NO (IF YES, EXPLAIN ON A SEPARATE SHEET OF PAPER)		
PRINCIPAL BUSINESS ACTIVITIES		PRIMARY SIC CODE	FEDERAL ID #		
OWNERS (IF APPLICANT IS A SOLE PROPRIETORSHIP OR PARTNERSHIP) OR OFFICERS (IF A CORPORATION)					
NAME		HOME ADDRESS		CONTACT #	
TITLE		SS #		FAX #	
NAME		HOME ADDRESS		CONTACT #	
TITLE		SS #		FAX #	
BANK OR SAVINGS AND LOAN ASSOCIATION					
NAME		BRANCH ADDRESS		ACCOUNT #	ACCOUNT TYPE
NAME		BRANCH ADDRESS		ACCOUNT #	ACCOUNT TYPE
APPLICANT'S PRINCIPAL SUPPLIERS (LIST AT LEAST THREE) COMPLETE ADDRESSES ARE NECESSARY					
NAME		ADDRESS		PHONE #	FAX #
NAME		ADDRESS		PHONE #	FAX #
NAME		ADDRESS		PHONE #	FAX #
NAME		ADDRESS		PHONE #	FAX #
HAS APPLICANT OR ANY OF ITS PRINCIPALS EVER FILED A VOLUNTARY PETITION IN BANKRUPTCY? IF YES, EXPLAIN ON A SEPARATE SHEET OF PAPER <input type="checkbox"/> YES <input type="checkbox"/> NO (IF YES, EXPLAIN ON A SEPARATE SHEET OF PAPER)			HAS A TAX LIEN OR CIVIL SUIT BEEN FILED AGAINST THE APPLICANT OR ANY PRINCIPAL WITHIN THE LAST 6 YEARS? <input type="checkbox"/> YES <input type="checkbox"/> NO (IF YES, EXPLAIN ON A SEPARATE SHEET OF PAPER)		
TERMS: In consideration of Pixel Grafix Inc. extending credit to the Applicant, the Applicant agrees to pay for all items delivered or services rendered to the Applicant in accordance with the terms of each invoice. Applicant agrees to each of the terms and conditions of sale from Pixel Grafix Inc. to the Applicant. Applicant acknowledges that a monthly service charge at 1 1/2% shall be made on all sums due to Pixel Grafix Inc. which have not been paid according to the invoice terms. Should it become necessary to place the account with a collection agency or attorney, the applicant agrees to pay all collection and attorney fees in addition to all other sums due. Applicant authorizes Pixel Grafix Inc. to obtain credit and financial information concerning the Applicant at any time and from any source. The undersigned warrants that the above agreement has been carefully read and that the Applicant understands it completely.				WE ESTIMATE OUR ANNUAL PURCHASES AT \$ _____ AND REQUEST A CREDIT LINE OF \$ _____	
*PLEASE ATTACH SALES TAX EXEMPTION CERTIFICATE. WE ARE REQUIRED BY LAW TO CHARGE SALES TAX UNLESS WE RECEIVE AN EXEMPTION CERTIFICATE. (Copy of Sales & Use License is unacceptable)		PRINT NAME OF APPLICANT			TITLE
		AUTHORIZED SIGNATURE OF APPLICANT			DATE

Individual Personal Guarantee

I, _____
residing at _____
for and in consideration of your extending credit at my request to _____
_____ of which I am _____

hereby personally guarantee to Pixel Grafix Inc. payment of my obligation of the Company, and I agree to bind myself to pay on demand any sum which may become due to Pixel Grafix Inc. by the Company whenever the Company shall fail to pay the same. It is understood that this guarantee shall be a continuing and irrevocable indemnity for such indebtedness of the Company. I do hereby waive notice of default, non-payment and notice thereof and consent to any modification or renewal of the credit agreement hereby guaranteed, and to all renewals or extension of credit. The undersigned guarantor agrees to pay, in the event the amount becomes delinquent and is turned over to an attorney for collection or collection agency for collection, all collection agency fees and attorney fees accumulated in the collection of said debt.

Signature

Date

Witness

CUSTOMER CREDIT CARD AUTHORIZATION

Cardholder Name : _____

Phone Number : _____

Billing Address : _____

Card Number : _____

Select Card Type : Visa MasterCard Discover
 American Express

Verification Code : _____

*Visa, MasterCard and Discover cards have a 3 digit code on the back.
American Express cards have a 4 digit code on the front.

Expiration Date : _____

Cardholder Signature : _____

Print Name : _____ Date _____

Your Credit Card will not be charged, unless your account is past due. (Over 45 days)

California Resale Card

Firm Name: _____

I hereby certify,

Than I hold a valid seller's permit#

Issued pursuant to the Sales and Use Tax Law; that I am engaged in the business of selling:

That the tangible personal property described herein which I shall purchase from Pixel Grafix Inc. will be resold by me in the form of tangible personal property; Provided however, that in the event any of such property is used for any purpose other than retention, demonstration, or display while holding it for sale in the regular course of business, it is understood that I am required by the Sales and Use Tax Law to report and pay for the tax, measured by the purchase price of such property.

Description or property to be purchased:

Signature: _____

Date: _____

Title: _____

Phone: _____

Address: _____