



New Account/Credit Application

Please type or print, being sure to complete ALL of the following information in order to expedite the approval of your request for credit

COMPANY BILLING INFORMATION:

NAME: _____ ADDRESS: _____
 CITY, STATE, ZIP: _____ PHONE: _____
 FAX: _____ EMAIL: _____
 YEAR BUSINESS STARTED: _____ FISCAL YEAR STARTS: _____

FORM OF BUSINESS: PROPRIETERSHIP PARTNERSHIP CORPORATION (STATE: _____)

PROPRIETOR, PARTNERS, OR CORPORATE OFFICERS (Please provide an alternate address where we may reach you)

1) Name, Title: _____ SS # or FEIN #: _____
 Home Address: _____ Home phone number: _____
 2) Name, Title: _____ SS # or FEIN #: _____
 Home Address: _____ Home phone number: _____
 Sales Tax Resale Certificate number (Mandatory): _____ State: _____
 DUNS number : _____

References

Vendor references only. Provide at least three references. Use another page if necessary.

1) Company Name _____ Address: _____
 City, State, Zip _____ Phone #: _____ Account # _____
 2) Company Name: _____ Address: _____
 City, State, Zip _____ Phone #: _____ Account # _____
 3) Company Name: _____ Address: _____
 City, State, Zip _____ Phone #: _____ Account # _____
 4) Company Name: _____ Address: _____
 City, State, Zip _____ Phone #: _____ Account # _____

Bank Information

Bank: _____ Account number _____
 Address: _____ City, State: _____
 Zip Code: _____ Type(s) of account: _____

Have any of the companies or individuals above ever been or are now a debtor in a bankruptcy proceeding? **YES NO** (circle one)
 Have any of the companies or individuals above ever been or are now a debtor in a bankruptcy proceeding? **YES NO** (circle one)
 Are there any legal actions or arbitrations pending against any of the companies or individuals listed above? **YES NO** (circle one)

Please note your preference: **Net 15 Net 30**

I/we authorize the above listed credit references, including my bank, to release information to Future Bulletins Inc. I/we hereby apply for credit and affirm solvency, financial responsibility, ability and willingness to pay invoices in accordance with published terms. The above information is warranted to be true and complete. I/we agree that the decisions with respect to the extension or continuation of credit shall be in the sole discretion of Future Bulletins. Inc As an authorized representative, I accept the Seller's terms and as such am subject to a service charge of 1.5% per month (18% per annum) on balances exceeding terms. Cost of collecting delinquent accounts will be added to the amount due. Furthermore, I understand that my orders will not be shipped if my account is past due.

X _____ (Signature of Proprietor, Partner or Corporate Officer) _____ (Title) _____ (Date)