

S.F. PLASTIC & SIGN SUPPLY CREDIT APPLICATION

This application must be filled out completely and signed by an Officer or President.

Name of Business: _____ Phone: _____
 Street Address: _____ Fax: _____
 Billing Address: _____ Federal ID: _____
 City: _____ State: _____ Zip: _____
 Year Established: _____ Type of Business: _____
 Have you filed for bankruptcy or been subject to an involuntary petition for bankruptcy? _____
 How Organized: Sole owner: _____ Partnership: _____ Corporation: _____
 Tax Status: Taxable: _____ Tax Exempt: _____ Tax Exempt Certificate Number: _____

PRINCIPAL OWNERS OR OFFICERS

Name: _____ Title: _____ Social Security #: _____
 Name: _____ Title: _____ Social Security #: _____

BANK REFERENCES

Bank Name: _____ Phone: _____
 Street Address: _____ Fax: _____
 City: _____ State: _____ ZIP: _____
 Checking Account Number: _____ Person To Contact: _____

CREDIT REFERENCES

Company: _____ Person To Contact: _____
 Address: _____
 City: _____ State: _____ ZIP: _____
 Phone: _____ Fax: _____

Company: _____ Person to Contact: _____
 Address: _____
 City: _____ State: _____ ZIP: _____
 Phone: _____ Fax: _____

Company: _____ Person to Contact: _____
 Address: _____
 City: _____ State: _____ ZIP: _____
 Phone: _____ Fax: _____

CREDIT SALE AGREEMENT

I certify that all information on this form is correct and authorize S.F. Plastic & Sign Supply, Inc. to obtain written or oral reports from any credit reporting agency, trade creditor, or bank. This also will serve as notice that applicant authorizes any bank or commercial business to give any and all necessary information which will assist S.F. Plastic & Sign Supply, Inc. with its credit investigation.

If credit is extended, customer agrees to pay all debts incurred within our terms of Net 30 days. Should the debt become past due, customer expressly agrees to pay a service fee of 1.5% per month or the maximum permitted under applicable law, whichever is less. Customer also agrees to pay reasonable collection cost and/or attorney's fees incurred in connection with the collection of this account.

I certify that the above information is true and correct.

Print Name: _____ Date: _____
 President/Officer Signature: _____