

Credit Application
Gallery Graphics, Inc.

P.O. Box 502 ♦ Noel, MO 64854-0502 ♦ 417-475-6191 ♦ Fax 417-475-6494
 www.gallerygraphics.com ♦ info@gallerygraphics.com

CUST # _____

Form Of Payment

3DIGIT CODE # _____

___ Open Account (All references must be completed and application signed) Acct.# _____ Exp. Date _____
 ___ M/C - VISA - AmExp Name on Card _____
 ___ COD/Prepaid with check (Bank reference must be completed and signed) Signature _____
 ___ Prepaid with cashier's check or money order.

Customer Information The following information must be completed and on file for all customers requesting COD, Prepaid with check or open account.

Requested Credit Limit _____ Estimated Annual Purchases _____
 Name Of Business _____ Date Opened _____ Date of current ownership _____
 Complete Billing Address _____
 Complete Shipping Address (if different from billing) _____
 Business Phone # _____ Business Fax # _____ Federal Tax # _____
 Website Address _____ E-Mail Address _____
 Ownership: Individual _____ Partnership _____ Corporation _____
 Principal Name _____ Home Phone # _____
 Home Address _____ Social Security # _____

U.S. Trade References In order to process your application for open account we require four trade references. Please provide complete name, address, account number, and FAX number if possible. Please allow 3-4 weeks to process your application.

Name of Bank _____ Contact _____
 Address _____ Phone _____
 _____ FAX _____
 _____ Checking # _____

Name _____ Account # _____
 Address _____ FAX # _____
 Contact _____ Phone # _____

Name _____ Account # _____
 Address _____ FAX # _____
 Contact _____ Phone # _____

Name _____ Account # _____
 Address _____ FAX # _____
 Contact _____ Phone # _____

Name _____ Account # _____
 Address _____ FAX # _____
 Contact _____ Phone # _____

Name _____ Account # _____
 Address _____ FAX # _____
 Contact _____ Phone # _____

We, the undersigned, do hereby jointly, severally and personally guarantee the prompt payment of any and all indebtedness of the applicant to the seller according to the terms thereof. I authorize a 'Collection by Draft' to my bank for any amount in arrears of 30 days or more. In the event that legal action is required by a collection agency or in case suit of action is instituted to collect any portion of an account owed by any parties to this agreement, I/we promise to pay such additional sums resulting from collections or as the court may adjudge reasonable, including attorney's fees. I/we authorize disclosure of credit information to Gallery Graphics, Inc. for the express purpose of establishing credit terms.

Principal Signature _____ Date _____ Principal Signature _____ Date _____