

DL Bickford Enterprises dba **Highlight Printing**
Business Credit Application and Personal Guarantee

INSTRUCTIONS: Print out and complete this form. Fax to 612.522.7584 or email to acctg@highlightprinting.com

Company Info

Legal Name:	Date	
Trade Name if Any:	Fed Tax I.D. Number	
Business Address:		
Business Phone:	Business Fax:	In Business Since:
Legal Form Under Which Business Operates:		
LLC <input type="checkbox"/>	Corporation <input type="checkbox"/>	Partnership <input type="checkbox"/> Proprietorship <input type="checkbox"/>

Principals or Owners

1. Name	Title	SS#
Home Address:		
Home Phone:		
2. Name	Title	SS#
Home Address:		
Home Phone:		
3. Name	Title	SS#
Home Address:		
Home Phone:		

Bank References

Institution Name:	Institution Name:	Institution Name:
Account #:	Account #:	Account #:
Address:	Address:	Address:
Phone:	Phone:	Phone:

Trade References

Company Name:	Company Name:	Company Name:
Contact Name:	Contact Name:	Contact Name:
Address:	Address:	Address:
Phone:	Phone:	Phone:
Account Opened Since:	Account Opened Since:	Account Opened Since:
Credit Limit:	Credit Limit:	Credit Limit:
Current Balance:	Current Balance:	Current Balance:

I hereby certify that the information contained herein is complete and accurate. This information has been furnished with the understanding that it is to be used to determine the amount and conditions of the credit to be extended. Furthermore, I hereby authorize the financial and business institutions listed in this credit application to release necessary information to the company for which credit is being applied for in order to verify the information contained herein.

Additionally, in signing below, I understand that prices are calculated on a "cash with order basis". Therefore, all orders are on a cash basis unless credit is already established. Terms on established credit accounts: Net on presentation. Balances unpaid after 30 days from the date of invoice are subject to a late payment charge of 1.5% per month, or maximum allowed by law, if different, together with expenses incidental to collection, including reasonable attorney's fees. If invoice and/or late charge is past 60 days, all deliveries will be held.

Signature *Title* *Date*

Signature *Title* *Date*

PERSONAL GUARANTEE

For good and valuable consideration, the undersigned (jointly & individually) agree to be personally liable for all indebtedness incurred by the above listed corporation or business entity. The undersigned (jointly & individually) further agree to be personally liable for all indebtedness based on the extension of credit to any other corporation or business entity with which the undersigned is or may be affiliated. If a default in the terms of payment occurs on any account on which the undersigned is or may be liable, and which is placed with an attorney or bonded collection agency, the undersigned (jointly & individually) agree to pay an additional 25% collection charge on the entire unpaid balance.

Signature *Witness* *Date*

Signature *Witness* *Date*

THE USE OF MY CORPORATE TITLE IS ONLY TO IDENTIFY MY POSITION IN THE COMPANY AND IN NO WAY NEGATES MY PERSONAL GUARANTEE.

~~~~FOR HIGHLIGHT USE ONLY~~~~

Date \_\_\_\_\_  
 D & B Rating \_\_\_\_\_  
 Trade Reference 1 \_\_\_\_\_ 2 \_\_\_\_\_ 3 \_\_\_\_\_  
 Tax Exempt Number \_\_\_\_\_  
 Amount Credit Requested \_\_\_\_\_  
 Amount of 1st Order \_\_\_\_\_  
 Amount of Credit Approved \_\_\_\_\_  
 Credit Approved by \_\_\_\_\_