

1. COMPANY LEGAL NAME \_\_\_\_\_ 2. Business Phone: \_\_\_\_\_ Business Fax: \_\_\_\_\_

3. BILL TO ADDRESS (Street Address, City, State, Zip Code) \_\_\_\_\_

4. SHIP TO ADDRESS (Street Address, City, State, Zip Code) IF DIFFERENT THAN BILL TO ADDRESS: \_\_\_\_\_

5. TAXABLE: YES NO PLEASE ATTACH EXEMPTION CERTIFICATE \_\_\_\_\_ 6. TELEPHONE # (Accounts Payable) FAX #: \_\_\_\_\_

7. THIS IS A: CORPORATION LIMITED LIABILITY CO. INDIVIDUAL Federal ID # YRS IN BUSINESS  
 S CORPORATION PARTNERSHIP

8. DESCRIPTION OF BUSINESS (Manufacturing, Distribution, Product(s) Number of Employees, Previous Company Names) \_\_\_\_\_

9. BANK \_\_\_\_\_

NAME	CITY AND STATE	ZIP CODE	ACCOUNT NUMBER:	TELEPHONE NUMBER:
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10. SUPPLIERS/TRADE REFERENCES: \_\_\_\_\_

- A.) \_\_\_\_\_
- B.) \_\_\_\_\_
- C.) \_\_\_\_\_
- D.) \_\_\_\_\_

In consideration of Flexi Printing Plate Co. Inc. granting credit to the undersigned and In order to induce Flexi Printing Plate Co. Inc. to grant credit to the undersigned, the undersigned hereby agrees as follows:  
 1. To pay for all materials and/or services purchased from Flexi Printing Plate Co. Inc., and taxes If invoiced, within thirty days from the date of billing or within such other payment terms as may otherwise be specified;  
 2. To pay a service charge on delinquent payments at the maximum amount allowed by law;  
 3. In the event Flexi Printing Plate Co. Inc. refers any unpaid past due balance to an outside collection agency and/or attorney for collection, to pay Flexi Printing Plate's reasonable attorney fees and all other costs and expenses of collection;  
 4. This Is a continuing agreement and will remain in effect as long as the undersigned or company remains indebted to Flexi Printing Plate Co. Inc..  
 5 That delivery of orders may be withheld In the event of delinquency or non-payment of amounts due.

Everything stated in this application for credit is for the purpose of obtaining credit and is true and correct to the best of my know1edge. You are hereby authorized to check any or all of our trade references, bank references, and/or any credit reporting agencies in order to obtain information.

Signature	Type Name	Title	Date
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Federal Equal Opportunity Act

This document requires an electronic signature or can be printed and signed manually. After signing, mail or mail the original application to the above address, please retaining a copy for yourself. Please sign your current financial statement and attach. Rev 06-11-18