

After completing this form, please fax to our accounting department at 904-858-6895.

BUYER INFORMATION

Contact Name: _____ Title: _____
 Billing Address: _____
 City: _____ State: _____ Zip _____
 Email Address: _____
 Telephone: _____ Fax: _____

ACCOUNTS PAYABLE INFORMATION

Accounts Payable Contact Name: _____ Email: _____
 Full Legal Business Name: _____ DBA: _____
 Billing Address (if different from above): _____
 City: _____ State: _____ Zip _____
 Telephone: _____ Fax: _____
 Federal Tax ID Number or SS#: _____ Date Business Started: _____
 Number of Employees: _____ Company Website: _____
 Do you use purchase orders: _____ Yes _____ No
 Tax Exempt ID: _____ Please fax a copy of your tax exempt certificate.
 Are you presently 60 days or more past due with any supplier? _____ Yes _____ No

CARDHOLDER (GUARANTOR) INFORMATION

Name as it appears on Credit Card: _____
 Credit Card Statement Address: _____
 City: _____ State: _____ Zip _____
 Credit Card #: _____ Security Code _____ Expiration Date: _____

PRINTING FIRMS & OTHER BUSINESSES that you or your company have purchased from within the past 3 years.

1. Name: _____ Contact: _____
 Mailing Address: _____
 Telephone: _____ Fax: _____
2. Name: _____ Contact: _____
 Mailing Address: _____
 Telephone: _____ Fax: _____
3. Name: _____ Contact: _____
 Mailing Address: _____
 Telephone: _____ Fax: _____

OUR TERMS OF SALE: Payment is due within 30 days of invoice. A statement will be mailed at the end of each month. Invoices over 60 days old are subject to a service charge of 11/2% per month (18% per year). Payments made 60 days after invoice date must include this service charge to be considered fully paid. Should legal action be necessary to collect the amounts due under the open account, all costs of collection, including a reasonable attorney's fee, will be added to the amounts due under the open account.

In consideration of your extending credit, the undersigned assumes full responsibility, and agrees to be liable for bills incurred as a result of this application. I acknowledge and accept the standard Printing Customs printed on back side hereof.

I hereby authorize the above named firms and banking institutions to furnish information requested by Hartley Press, Inc., to process this application and I agree that the said persons shall not be liable for any claim or damages as a result of furnishing the requested information. Any guarantor by signing this agreement personally guarantees the payment to Hartley Press of all sums owing to Hartley Press by applicant.

Credit approved by _____ Name _____

Date _____ Title _____