

# CREDIT APPLICATION

Application Date: \_\_\_\_\_

Please complete the following pages and return to:

**Johnson Litho Graphics of Eau Claire, Ltd.**  
**2219 Galloway Street, Eau Claire, WI 54703**  
**Fax: 715/832-5120 / Phone: 715/832-3211**

## PLEASE CHECK ONE:

- \_\_\_ Corporation
- \_\_\_ Proprietorship
- \_\_\_ Partnership
- \_\_\_ Limited Liability

Johnson Litho Graphics Sales Representative: \_\_\_\_\_

Date Business Opened: \_\_\_\_\_

If less than one year, list previous business owned or employment history:

\_\_\_\_\_  
\_\_\_\_\_

Have you ever filed bankruptcy: NO \_\_\_ YES \_\_\_, if YES when: \_\_\_\_\_

Firm Name: \_\_\_\_\_ dth \_\_\_\_\_

State Tax Exemption #: \_\_\_\_\_

Registered Agent: \_\_\_\_\_

Accounts Payable Contact: \_\_\_\_\_

Accounts Payable Phone #: \_\_\_\_\_

Address: \_\_\_\_\_

e-mail Address: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_

County: \_\_\_\_\_

Please provide copy of exemption certificate if primary source of business is within Wisconsin or Minnesota.

## INFORMATION ON PROPRIETORS, CORPORATE OFFICERS OR PARTNERS:

Name: \_\_\_\_\_

Title: \_\_\_\_\_

Address: \_\_\_\_\_

Phone #: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_

Name: \_\_\_\_\_

Title: \_\_\_\_\_

Address: \_\_\_\_\_

Phone #: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_

Name: \_\_\_\_\_

Title: \_\_\_\_\_

Address: \_\_\_\_\_

Phone #: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_

Business Property: OWN \_\_\_ LEASE \_\_\_

Mortgage/Landlord Name: \_\_\_\_\_ Phone #: \_\_\_\_\_

Address: \_\_\_\_\_ City/State/Zip: \_\_\_\_\_

**PRINCIPAL PRODUCTS OR SERVICES SOLD BY YOUR FIRM:** \_\_\_\_\_

## FINANCIAL INFORMATION:

Sales - Last Year: \_\_\_\_\_

Anticipated Sales - Current Year: \_\_\_\_\_

Total Assets: \_\_\_\_\_

Total Liabilities: \_\_\_\_\_ As of: \_\_\_\_\_

**CREDIT LINE REQUESTED**

**TERMS REQUESTED**

**FIRST ORDER SIZE**

**ORDER PENDING**

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Yes \_\_\_  
No \_\_\_

**TRADE REFERENCES:**

Name: (1) \_\_\_\_\_ (2) \_\_\_\_\_  
 Address: \_\_\_\_\_  
 City/State/Zip: \_\_\_\_\_  
 Phone #: \_\_\_\_\_  
 Fax #: \_\_\_\_\_  
 Account #: \_\_\_\_\_

Name: (3) \_\_\_\_\_ (4) \_\_\_\_\_  
 Address: \_\_\_\_\_  
 City/State/Zip: \_\_\_\_\_  
 Phone #: \_\_\_\_\_  
 Fax #: \_\_\_\_\_  
 Account #: \_\_\_\_\_

**BANK REFERENCE:**

Name: \_\_\_\_\_ Phone #: \_\_\_\_\_  
 Address: \_\_\_\_\_ Fax #: \_\_\_\_\_  
 City/State/Zip: \_\_\_\_\_ Bank Account #: \_\_\_\_\_  
 Officer: \_\_\_\_\_

**FOLLOWING INFORMATION MUST BE COMPLETED IN ORDER TO BE CONSIDERED FOR CREDIT TERMS**

**CREDIT TERMS & CONDITIONS**

**Credit terms are net 30 days.** Any amount unpaid after 30 days will be considered past due and subject to finance charges of 1.5% per month or the highest rate allowable by law, and the customer may be placed on a cash basis immediately. In addition, the customer agrees to pay all costs (including reasonable attorney’s fees) incurred in the collection of any unpaid amount.

Venue for any litigation (and depositions) between the parties for any claim relating to debt collection for printed material, prep, merchandise, supplies or equipment purchased hereunder, or hereafter, shall be in Eau Claire County, Wisconsin only.

Johnson Litho Graphics o Eau Claire, Ltd., does retain a security interest in any and all printed material, prep, merchandise, supplies and equipment until full payment has been received for items purchased.

Credit terms of any purchase order issued by customer, which are in addition to, modify or are inconsistent with Johnson Litho Graphics’ usual credit terms will not be binding upon Johnson Litho Graphics unless agreed to in a separate writing executed by the credit manager or officer of Johnson Litho Graphics.

**I hereby certify that I am authorized to make application for and receive goods on credit for the above named corporation, partnership, limited liability company, or individual. I also certify that to the best of my knowledge all information provided in this credit statement is accurate and hereby give my permission to Johnson Litho Graphics to verify any or all facts disclosed herein.**

Applicant Signature: \_\_\_\_\_ Title: \_\_\_\_\_ Date: \_\_\_\_\_

Printed Name: \_\_\_\_\_ Business Phone #: \_\_\_\_\_ Extension: \_\_\_\_\_