

CREDIT APPLICATION PACKET

Thank you for your interest in establishing credit terms with PrintGlobe, Inc.

If you are a small to mid-size organization, we require that you pre-pay your first three orders to establish a payment history with us. Once you have pre-paid for three orders, you will be eligible to request and be considered for credit terms.

If your business or organization is a Fortune 500 Company, Public University or Government Entity, we are happy to offer credit terms on your next order. Call 800-989-2181, ext 1 or email support@printglobe.com to get started.

If you qualify for credit with PrintGlobe, Inc., please print, fill-out and **fax your completed credit application and credit card authorization form to our secure fax line at (512) 637-7045 to begin the credit approval process.** We will notify you with our credit decision within 5-10 business days.

Organization Type

Checklist

<ul style="list-style-type: none"> • Small to mid-size organizations 	<ul style="list-style-type: none"> √ 3 Pre-Paid Orders √ Completed Credit Application √ Completed Credit Card Authorization Form
<ul style="list-style-type: none"> • Fortune 500 companies • Public universities • Government entities 	<ul style="list-style-type: none"> √ Credit Terms available on first order

CREDIT APPLICATION

Business Contact Information:					
Company Name:					
Accounts Payable Contact:				Title:	
Phone:		Fax:		E-mail:	
Company Address:					
City:		State:		ZIP Code:	
Years in Business:					
Sole proprietorship: <input type="checkbox"/>		Partnership: <input type="checkbox"/>		Corporation: <input type="checkbox"/>	
State of Incorporation:				Other:	
Federal Tax ID:		DUNS#:		PO# Required For Purchase: <input type="checkbox"/> Yes <input type="checkbox"/> No	
Principals Information: Please provide the name, social security number and title of any company principals.					
Name:		SS#:		Title:	
Name:		SS#:		Title:	
Name:		SS#:		Title:	
Business and Credit Information:					
Primary mailing/billing address (if different from above):					
City:		State:		ZIP Code:	
How long at current address?					
Phone:		Fax:		E-mail:	
Credit References:					
1) Company Name:				Phone #:	
Contact Name:				Fax #:	
Address					
City:		State:		Zip Code:	
Account #:					
2) Company Name:				Phone #:	
Contact Name:				Fax #:	
Address					
City:		State:		Zip Code:	
Account #:					
3) Company Name:				Phone #:	
Contact Name:				Fax #:	
Address					
City:		State:		Zip Code:	
Account #:					

Bank References:		
1) Bank Name:	Account #:	Acct Type:
Contact Name:	Phone:	Fax:
Bank Address:		
City:	State:	Zip Code:
2) Bank Name:	Account #:	Acct Type:
Contact Name:	Phone:	Fax:
Bank Address:		
City:	State:	Zip Code:

TERMS / AGREEMENT
<p>Your signature indicates you understand and agree to the following terms and conditions:</p> <p>A copy of each invoice is rendered each time a charge purchase is made. Invoices are due within 30 days of the delivery date. Accounts which are 30 days or more past due will be assessed a \$30.00 late fee. As an inducement and requirement for the extension of credit pursuant to this application, the undersigned individually and unconditionally guarantees prompt payment of all indebtedness of the business entity name hereon. Should this account be referred to an outside agency or attorney for collection, the undersigned agrees to pay all attorneys fees and other cost incurred by PrintGlobe as a result. The place of venue for any and all collection activity shall be in Austin, Travis County, Texas, according to the laws of the State of Texas.</p> <p>I hereby authorize the above named credit references to furnish credit information to PrintGlobe for the purposes of processing this application, and I agree that these firms or institutions and/or individuals connected with them shall not be liable for any claim or damages as a result of furnishing this requested credit information.</p> <p>I understand and agree to the above terms.</p> <p>_____</p> <p>Print name of Principal or Officer Title Signature</p>



5812 Trade Center Drive, Suite 100
Austin, TX 78744
Ph: 512-454-5985
SECURE FAX: 512-637-7045

CREDIT CARD AUTHORIZATION FORM

I hereby authorize the use of my credit card on account by PrintGlobe, Inc. This authorizes the use for any balance more than 30 days past due or as a deposit for services as required by PrintGlobe, Inc. As an inducement and requirement for credit pursuant to this application, the undersigned individually and unconditionally guarantees prompt payment of all indebtedness and authorizes the use of the below credit card for any balance left outstanding for 30 days or more. PrintGlobe, Inc. guarantees that this document will be kept with the strictest of security and will guarantee that no erroneous or fraudulent charges will be placed on the below credit card as a result of this agreement.

Thank you for your cooperation.

Credit Card Type: Visa / Mastercard / Discover / American Express

Name on Card: _____ Security Code _____

Credit Card No.: _____ Exp. Date _____

Company Name _____

Card Billing Address: _____

City/State/ Zip: _____

Contact Name: _____

Mobile Phone No. Cardholder: _____

Authorized Signature: _____

Account Manager: _____
Job Number (if applicable): _____
Date: _____