



**CREDIT APPLICATION**  
(PLEASE TYPE OR PRINT)

*Mailing Address:*  
P.O. Box 5220, Lancaster, PA 17606-5220  
Tel: 717-569-4545 Fax: 717-569-5344

APPLICANT (BUSINESS OR CORPORATE NAME)				APPLICATION DATE	
BUSINESS STREET ADDRESS			BILLING ADDRESS (STREET OR P.O. BOX)		
CITY	STATE	ZIP	CITY	STATE	ZIP
BUSINESS PHONE NO. ( )	YEAR ESTABLISHED	ESTIMATED MONTHLY PURCHASES		RESALE PERMIT OR SALES TAX NUMBER	
	NUMBER OF EMPLOYEES				
BUSINESS FAX NO. ( )	BUSINESS BUILDING IS: NAME OF LANDLORD: <input type="checkbox"/> OWNED <input type="checkbox"/> RENTED		TYPE OF BUSINESS:		SS# OR FED EIN NUMBER
			<input type="checkbox"/> SOLE PROPRIETOR		NO.
WE ARE ENGAGED IN THE BUSINESS OF:	LANDLORD'S ADDRESS AND TELEPHONE NO.		<input type="checkbox"/> PARTNERSHIP		NO.
			<input type="checkbox"/> CORPORATION		NO.
PERSON TO CONTACT RESPONSIBLE FOR ACCOUNTS PAYABLE			AMOUNT OF CREDIT REQUESTED		
<b>OWNERS (IF APPLICANT IS A SOLE PROPRIETORSHIP OR PARTNERSHIP) OR OFFICERS (IF A CORPORATION)</b>					
NAME		TITLE	HOME ADDRESS		HOME PHONE NO. ( )
	YEARS OF SERVICE	SS#			
NAME		TITLE	HOME ADDRESS		HOME PHONE NO. ( )
	YEARS OF SERVICE	SS#			
NAME		TITLE	HOME ADDRESS		HOME PHONE NO. ( )
	YEARS OF SERVICE	SS#			
<b>BANK OR SAVINGS AND LOAN ASSOCIATION</b>					
NAME		BRANCH ADDRESS	ACCOUNT NO.	TYPE OF ACCOUNT	
NAME		BRANCH ADDRESS	ACCOUNT NO.	TYPE OF ACCOUNT	
<b>APPLICANT'S PRINCIPAL SUPPLIERS AND TRADE REFERENCES (LIST AT LEAST THREE)</b>					
NAME	ADDRESS	CREDIT LIMIT	PHONE NO. ( )	FAX NO. ( )	
NAME	ADDRESS	CREDIT LIMIT	PHONE NO. ( )	FAX NO. ( )	
NAME	ADDRESS	CREDIT LIMIT	PHONE NO. ( )	FAX NO. ( )	
HAS APPLICANT OR ANY OF ITS PRINCIPALS EVER FILED A PETITION IN BANKRUPTCY? IF YES, EXPLAIN ON A SEPARATE SHEET OF PAPER <input type="checkbox"/> YES <input type="checkbox"/> NO			HAS A TAX LIEN OR CIVIL SUIT BEEN FILED AGAINST APPLICANT OR ANY PRINCIPAL WITHIN THE LAST 6 YEARS? IF YES, EXPLAIN ON A SEPARATE SHEET OF PAPER. <input type="checkbox"/> YES <input type="checkbox"/> NO		

**Terms:** In consideration of Fulton Press, Inc. extending credit to the Applicant, the Applicant agrees to pay for all items delivered or services rendered to, or at the request of, the Applicant, in accordance with the terms of each invoice. Applicant agrees that each of the terms and conditions of sale stated on the invoices shall be a term of the contract of each sale from Fulton Press, Inc. to the Applicant. Applicant acknowledges and agrees that if monthly payments are not paid when due, a monthly service charge of two percent (2%) of the full balance of the debt shall be payable for every month that a payment remains unpaid. Waiver of any one or more service charges shall not be deemed to be a waiver of future service charges. Applicant further agrees that with regard to such service

charges, Applicant and Fulton Press, Inc. are parties to a written commercial contract. Should it become necessary to place the account with a collection agency or attorney, the Applicant agrees to pay all collection costs and attorney fees in addition to all other sums due. Applicant authorizes Fulton Press Inc. to obtain credit and financial information concerning the Applicant at any time and from any source. The undersigned warrants that this document has been carefully read, that the undersigned is authorized to sign this document on behalf of Applicant and that Applicant knowingly and willingly accepts and agrees to all terms and conditions contained herein. The undersigned, as representative of Applicant, further warrants that the information contained above is true and correct.

PRINT NAME OF APPLICANT #1 \_\_\_\_\_ TITLE \_\_\_\_\_

PRINT NAME OF APPLICANT #2 \_\_\_\_\_ TITLE \_\_\_\_\_

SIGNATURE OF APPLICANT #1 \_\_\_\_\_ DATE \_\_\_\_\_

SIGNATURE OF APPLICANT #2 \_\_\_\_\_ DATE \_\_\_\_\_