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Confidential Credit Application

Credit Line Desired: _____

Form with sections: BUSINESS, OWNER(S)/OFFICER(S), BANKS, REFERENCES. Includes fields for Business Name, Address, Telephone, Fax, City, County, State, Zip Code, Type of Business, Year Established, Resale, Fed. Tax ID, Accounts Payable Contact, E-mail, Date of Incorporation, State of Incorporation, Name, Title, E-mail for owners/officers, and Name, City/State, Phone, Fax, Account Name, Account No., Contact for banks and references.

By signing this agreement, company acknowledges payment will be made according to quoted terms on invoice. All past due invoices are subject to interest charges at the maximum allowable legal rate. Signature also authorizes the release of credit information concerning your company that Super Color Digital may reasonably require.

Date _____ Signature _____ Title _____