



1100 West 45th Avenue
 Denver, Colorado 80211
 303-561-1100
 Fax 303-561-1116

Application for Credit and Guarantee of Payment

Company Name _____ Date _____

Billing Address _____ Shipping Address _____

City _____ State _____ Zip _____ City _____ State _____ Zip _____

Phone () _____ Fax () _____ FEIN# _____

Purchasing Contact _____ Email _____

Contact Person's Direct Line () _____ Web Site _____

Corporation Partnership Sole Proprietorship How Long in Business? _____

Do you have a parent company? Yes No If so, what is the parent company name and address?

Will you pay sales tax? Yes No **IF NO, ATTACH A COPY OF ALL TAX EXEMPT LICENSES.**

PRINCIPALS OF BUSINESS:

Name _____ Name _____

Address _____ Address _____

City _____ State _____ Zip _____ City _____ State _____ Zip _____

Phone () _____ SS# _____ Phone () _____ SS# _____

TRADE REFERENCES:

Company Name _____ Company Name _____

Address _____ Address _____

City _____ State _____ Zip _____ City _____ State _____ Zip _____

Phone () _____ Phone () _____

Fax (Required) () _____ **Fax (Required)** () _____

Acct# _____ Acct# _____

Contact _____ Contact _____

BANK REFERENCE:

PLEASE COMPLETE REVERSE SIDE OF FORM.

SIGNATURES REQUIRED:

Terms and Conditions

Payment of all invoices is due within the term of Net 30 Days. All past due balances are subject to one and one-half percent per month late charge. Debtor agrees that failure to pay any invoice in full for any reason within payment terms of the invoice will automatically result in the cancellation of any credit terms offered under this agreement. Debtor further agrees that failure to pay any invoice in full within payment terms of the invoice will result in any outstanding invoices becoming due regardless of terms. Debtor agrees that payment comes due immediately if purchaser sells out, assigns, burns out, is sued or attached, or becomes insolvent or bankrupt. Wandel Press reserves the right to alter or suspend credit at any time. The undersigned agrees to pay Wandel Press a fee of \$20.00 for each returned check not honored by the debtor's bank. In the event of default, it is agreed that Debtor will pay all collection costs and expenses, including reasonable attorney's fees, incurred by Wandel Press in collecting Debtor's account, plus 18% interest. The undersigned hereby authorize and consent to any inquiry of any person, banking institution, corporation or business at anytime, regarding credit standing and any other financial information. This authorization is in no way limited to or by the trade references provided on the reverse side of this application. The undersign indemnify and hold harmless Wandel Press from any and all liability connected with such inquiry. The undersigned have read and understand this credit application and agree to the above terms and conditions. The undersigned acknowledges that the accuracy of the information provided hereon is the basis for the extension of credit.

Name of Company or Corp. _____

Authorized Signature **X** _____ Date _____

Print Name _____ Title _____

PERSONAL GUARANTY:

In consideration of Wandel Press extending credit to the above applicant for services after this date, the undersigned personally guarantees unconditionally the prompt payment of any sums now or hereafter owed to Wandel Press. This guaranty shall continue in force until notice in writing is received by Wandel Press of termination of guaranty. Termination of guaranty does not relieve guarantor of credit obligations incurred prior to date of termination.

Individual Signature **X** _____ Residence Address _____

Print Name _____ City _____ State _____ Zip _____

Date _____ Phone () _____



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Bank Information Release Form

Customer: Please fill out and sign top portion and return to Wandel Press.

I hereby authorize _____ (Bank Name)
_____ (Street Address)
_____ (City, State, Zip)
_____ (Bank Phone)
_____ (Bank Fax)

to release requested information concerning our company checking
account# _____ to Wandel Press for the
purpose of establishing a company check payment relationship.

Company: _____

Address: _____

Phone: _____

Authorized Agent's Signature: _____

(Must be an authorized signer on the account)

Print Name: _____

Date: _____

BOTTOM PORTION TO BE COMPLETED BY BANK

Date Account Opened: _____

Average Monthly Balance: _____

Current Balance: _____

NSF History: _____

Comments: _____

Bank Name: _____

Signature: _____

Print Name: _____

Title: _____

Phone: _____

***Bank Representative: Please fill out bottom portion and fax to 303-561-1116.
Thank you!***