



619 NORTH TYLER STREET • COVINGTON, LOUISIANA 70433
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 www.meleprinting.com

APPLICATION FOR CREDIT

Account Name _____ Date _____

Company Address _____ City _____ State _____ Zip _____

Billing Address _____ City _____ State _____ Zip _____

E-mail Address _____ Phone (____) _____ Fax (____) _____

CORPORATION PARTNERSHIP PROPRIETORSHIP Tax Exempt # _____

Anticipated Monthly Printing Volume \$ _____

IF EXEMPT PLEASE SEND CERTIFICATE.
OTHERWISE TAX WILL BE CHARGED.

Do you require a purchase order for each job processed? Yes No

OFFICERS/PRINCIPALS OF FIRM:

Name _____ Title _____ Telephone _____

Home Address _____

Name _____ Title _____ Telephone _____

Home Address _____

TYPE OF BUSINESS _____ Number of Employees _____ Date Established _____

BUSINESS BANK _____ Account No. _____ CHECKING

SAVINGS

Bank Address _____ Zip _____

TRADE REFERENCE (Three current suppliers; do not include phone, oil & gas companies, shipping co.'s, credit card)

1. Name _____ Account No. _____ Phone# _____

Address _____ City _____ State _____ Zip _____

2. Name _____ Account No. _____ Phone# _____

Address _____ City _____ State _____ Zip _____

3. Name _____ Account No. _____ Phone# _____

Address _____ City _____ State _____ Zip _____

CREDIT CARD MC VISA DISCOVER # _____ Exp. Date _____

Name On Card _____

Billing Address (if different) _____ City _____ State _____ Zip _____

CONTACT NAME _____ Title _____

Back of Form Must Be Filled Out!

OVER →

Credit Agreement

Between MELE PRINTING (Company) and _____ (Customer)

Customer verifies that the above information is true and correct and hereby grants permission to any person or organization to furnish to the Company any and all information which may be requested by the Company to verify the creditworthiness of Customer. Customer agrees to pay for any and all printing work, materials and services it orders from the Company and charges to its account with the Company, whether ordered by a principal or officer of the the Customer, or by any person representing himself/herself to be an agent, employee or representative of the Customer. All sales, unless otherwise expressly noted on the Company's invoices, are net 30 days. Customer agrees that any account thirty (30) days past due shall be charged 1.5% per month interest (18% per annum) on the unpaid balance, which Customer agrees to pay. These terms are strictly enforced. Customer agrees to pay all interest charges, and all collection costs, including attorney's fees of twenty (20%) of any amount due on Customer's account if the account is referred by the Company to an attorney for collection. Customer further acknowledges and agrees that the jurisdiction for any and all matters and disputes arising out of this Agreement, or the collection of any monies due the Company hereunder, shall be ST. TAMMANY PARISH, LOUISIANA.

Customer agrees that any portion of its account reflecting invoices over 60 days old may be charged to the credit card account specified above, without further authorization, and Customer hereby appoints any officer of the Company, as Customer's attorney-in fact, to execute any and all documents necessary to process any outstanding invoices through Customer's above specified credit card account.

Customer acknowledges that the provisions of this Credit Agreement form a part of and are automatically incorporated into each and every purchase order, bill and/or invoice pertaining to the printing, materials, and services purchased by Customer from the Company from time to time.

Customer Signature: _____ Print Name: _____

Title: _____ Date: _____

Personal Guarantee

PERSONAL GUARANTEE given by the undersigned to Mele Printing hereinafter referred to as the Company, in order to induce the Company to extend credit, and in consideration of the Company's extension of credit or to otherwise become a creditor of _____ (print Customer name), hereinafter referred to as the Customer.

I/We hereby unconditionally PERSONALLY GUARANTEE to the Company the prompt payment, when due, of every claim of the Company that may hereafter arise against the Customer. I/We do also unconditionally PERSONALLY GUARANTEE to the Company the payment of all interest that shall accrue on unpaid obligations of the Customer and all reasonable costs of collection, including but not limited to twenty percent (20%) attorney's fees and court costs.

I/We hereby acknowledge and agree that jurisdiction for any and all matters and disputes arising out of this PERSONAL GUARANTY, or the collection of monies due the Company hereunder, shall be ST. TAMMANY PARISH, LOUISIANA.

I/We warrant to the Company that I/we am/are a principal(s), officer(s), director(s), and/or shareholder(s) of Customer, and that I/we have sufficient personal beneficial and financial interest in Customer to justify granting this PERSONAL GUARANTY. I/We further authorize the Company to receive and exchange credit information on me/us as may be needed to verify the creditworthiness of Customer and/or enforce this PERSONAL GUARANTY.

I/We understand and acknowledge that this is a continuing GUARANTY that shall remain in full force and effect until revoked by the undersigned in writing to the Company. Such revocation shall be effective only as to claims of the Company that arise out of transactions entered into after receipt of said written notice, sent by Certified Mail, Return Receipt Requested, to the Company. This PERSONAL GUARANTY is, and shall remain, binding upon the heirs, assigns, successors, executors, and estate representatives of the undersigned.

THIS IS A PERSONAL OBLIGATION. DO NOT LIST YOUR TITLE BELOW. I UNDERSTAND AND AGREE TO THE ABOVE TERMS.

Print Name: _____ Social Security No.: _____

Signature: _____ Date: _____