



PRINTING PROFESSIONALS

SMP INC.

5252 ORANGE AVE. SUITE 109 CYPRESS, CA. 90630  
PHONE 714 226-0585 FAX 714 226-0583

## CREDIT APPLICATION AND AGREEMENT

\*Please list one previous and one current printer

Date: \_\_\_\_\_ Account Executive (SMP) \_\_\_\_\_  
Dollar Amount of Credit Desired \_\_\_\_\_ Terms Requested \_\_\_\_\_

Full Name of Company \_\_\_\_\_ Incorporated \_\_\_\_\_ In Which State? \_\_\_\_\_

Address \_\_\_\_\_ City, State, Zip Code \_\_\_\_\_ Phone Number \_\_\_\_\_ Fax Number \_\_\_\_\_

Resale Number (if Applicable) \_\_\_\_\_ At present location since? \_\_\_\_\_ Year Established \_\_\_\_\_ E Mail Address \_\_\_\_\_

### FULL NAMES OF OWNER, PARTNERS, OFFICERS

Name \_\_\_\_\_ Address \_\_\_\_\_ City, State, Zip Code \_\_\_\_\_ Social Security Number \_\_\_\_\_

Name \_\_\_\_\_ Address \_\_\_\_\_ City, State, Zip Code \_\_\_\_\_ Social Security Number \_\_\_\_\_

Name \_\_\_\_\_ Address \_\_\_\_\_ City, State, Zip Code \_\_\_\_\_ Social Security Number \_\_\_\_\_

Bank Account \_\_\_\_\_ Branch Address \_\_\_\_\_ Type of Account \_\_\_\_\_ Account Number \_\_\_\_\_

Bank Account \_\_\_\_\_ Branch Address \_\_\_\_\_ Type of Account \_\_\_\_\_ Account Number \_\_\_\_\_

### TRADE REFERENCES

Last Printer \_\_\_\_\_ Address \_\_\_\_\_ City, State, Zip Code \_\_\_\_\_ Phone Number \_\_\_\_\_ Fax Number \_\_\_\_\_

Company Name \_\_\_\_\_ Address \_\_\_\_\_ City, State, Zip Code \_\_\_\_\_ Phone Number \_\_\_\_\_ Fax Number \_\_\_\_\_

Company Name \_\_\_\_\_ Address \_\_\_\_\_ City, State, Zip Code \_\_\_\_\_ Phone Number \_\_\_\_\_ Fax Number \_\_\_\_\_

Company Name \_\_\_\_\_ Address \_\_\_\_\_ City, State, Zip Code \_\_\_\_\_ Phone Number \_\_\_\_\_ Fax Number \_\_\_\_\_

Do you have any lawsuits or disputed claims with other printers or graphic vendors? YES \_\_\_\_\_ NO \_\_\_\_\_  
(If Yes please give details) \_\_\_\_\_

By signing hereto, in consideration for credit extended by you, I agree on behalf of my company to the following terms. If I am signing as a Corporate Officer, I represent that this action I authorized by the Board of Directors. I agree to pay all invoices rendered 30 days of the date of issuance or within agreed written terms by SMP Inc. If I fail to pay by the due date, I agree to pay you simple interest of 18% per annum on the amount of the invoice and, if you are required to take legal action to enforce payment, I agree to pay your cost, including attorney fees. I agree that any legal action will be filed within Orange County jurisdiction. I understand that you are not obligated to extend credit but that above applies if credit is extended. Credit applications not legible and not completed in entirety will not be accepted.

\_\_\_\_\_ by \_\_\_\_\_  
Name of Company \_\_\_\_\_ Authorized Signature \_\_\_\_\_ Title \_\_\_\_\_

\_\_\_\_\_  
Typed / Printed Name of Authorized Signature

\_\_\_\_\_  
Typed / Printed Title