



CONFIDENTIAL APPLICATION

Please complete this application in full and return with any additional information including financial statements.

<i>Please Check One</i>		
<input type="checkbox"/> C.O.D. Company Check/ One Tag (V.I.P) (Your pay only for one C.O.D. tag)	<input type="checkbox"/> Net 10	<input type="checkbox"/> Net 30

CUSTOMER INFORMATION

FULL LEGAL BUSINESS NAME _____ DATE ESTABLISHED _____ (MONTH/ YEAR)

ADDRESS _____

PRIMARY PRODUCTS/ SERVICES

ESTIMATE MONTHLY PURCHASES : _____

YEARS AT THIS ADDRESS _____ PHONE: () _____ CREDIT LINE REQUESTED: _____

PREVIOUS ADDRESS _____

SALES TAX NUMBER: _____

SOLE PROPRIETOR PARTNERSHIP CORPORATION/ PRIVATELY HELD CORPORATION/ PUBLICLY HELD

COMPLETE LIST OF OFFICERS/ OWNERS

NAME :	ADDRESS CITY/ STATE/ ZIP	TITLE	SOCIAL SECURITY NUMBER
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(ATTACH LISTING IF MORE THAN THREE)

AUTHORIZED PURCHASER(S)

DIRECT LINE/ EXTENSION

ACCOUNTS PAYABLE CONTACT(S)

DIRECT LINE/ EXTENSION

DO YOU REQUIRE PURCHASE ORDER? YES NO

SPECIAL BILLING INSTRUCTIONS:

INDIVIDUAL/ JOINT PERSONAL GUARANTEE

I/WE

OWNER NAME

Residing at

OWNER NAME

For and in consideration of your extending at our request for check acceptance/ net terms to:

YOUR COMPANY NAME

(hereinafter to as the "company"), hereby personally guarantee to you the payment at MISSION IMPRINTABLES in the state of California of any obligation of the company and we hereby agree to bind ourselves to pay you on demand any sum which may become due to you by the company whenever the company shall fail to pay the same. It shall be understood that this guarantee will be a continuing and irrevocable guarantee and indemnity for such indebtedness of the company. We do hereby waive notice of default, nonpayment and notice thereof and consent to any modification or renewal of the credit agreement hereby guaranteed. It is understood that should my/ our company become delinquent in payment, MISSION IMPRINTABLES will charge and undersigned does hereby agree to pay reasonably attorney's fees, a late charge of 2%, service charge of 1 ½ % per month, and all other costs and expenses which may be incurred by MISSION IMPRINTABLES in the enforcement of this guarantee. This guarantee shall bind our executors, administrators and assigns, and shall remain in force and effect unless and until called by notice sent to you by registered mail, in which case it shall then be binding as to any balances still owing and outstanding as of the date of your receipt of such registered notice.

SIGNATURE _____ DATE _____

PRINT NAME _____ HOMEPHONE _____

SIGNATURE _____ DATE _____

PRINT NAME _____ HOME PHONE _____

WITNESS _____ PRINTNAME _____

OFFICE USE ONLY			
TERMS	CREDIT LIMIT	SIGNATURE	



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BANK REFERENCE:

1. _____

ADDRESS: _____

CITY/ STATE: . _____

ZIP: _____ PHONE: () _____

ACCOUNT #: _____

CONTACT: _____

PROFESSIONAL/ COMPANY REFERENCES

NOTE WITH OUT FAX OR EMAIL CONTACTS YOUR APPLICATION WILL NOT BE PROCESSED

1- NAME:

ADDRESS:

CITY/ ST./ ZIP:

PHONE () _____ ACCT# _____

EMAIL: _____ EMAIL: _____

2- NAME:

ADDRESS:

CITY/ ST./ ZIP:

PHONE () _____ ACCT# _____

EMAIL: _____ EMAIL: _____

3- NAME:

ADDRESS:

CITY/ ST./ ZIP:

PHONE () _____ ACCT# _____

EMAIL: _____ EMAIL: _____

4- NAME:

ADDRESS:

CITY/ ST./ ZIP:

PHONE () _____ ACCT# _____

EMAIL: _____ EMAIL: _____

5- NAME:

ADDRESS:

CITY/ ST./ ZIP:

PHONE () _____ ACCT# _____

EMAIL: _____ EMAIL: _____

6- NAME:

ADDRESS:

CITY/ ST./ ZIP:

PHONE () _____ ACCT# _____

EMAIL: _____ EMAIL: _____

7- NAME:

ADDRESS:

CITY/ ST./ ZIP:

PHONE () _____ ACCT# _____

EMAIL: _____ EMAIL: _____

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