



Tempo Lithograph, Inc.

3501 Thomas Road, #5
 Santa Clara, California, 95054-2037
 (408) 496-6638 • (408) 492-1700
 FAX (408) 496-6639 • Modem (408) 496-1880
 E-mail: tempo@tempolitho.com • WEB SITE: www.tempolith.com

CREDIT APPLICATION AND ACCOUNT AGREEMENT

(PLEASE PRINT OR TYPEWRITE)

For the purpose of obtaining merchandise from TEMPO LITHOGRAPH, INC. on credit, the following statement is made in writing.

FIRM NAME: _____

PHONE: [] - _____ FAX: [] - _____

ADDRESS: _____
STREET CITY STATE ZIP + 4 DIGIT

KIND OF BUSINESS: _____ YEARS BUSINESS ESTABLISHED: _____

AT PRESENT LOCATION SINCE: _____ NUMBER OF EMPLOYEES: _____

ANNUAL SALES VOLUME: \$ _____ NET WORTH: \$ _____

ESTIMATED MONTHLY PURCHASE FROM TEMPO LITHOGRAPH: \$ _____

FEDERAL EMPLOYER ID NO: _____ SELLER'S PERMIT NO: _____

NAME OF BANK: _____ BRANCH: _____

PERSON(S) TO CONTACT: _____ [] - _____
NAME PHONE
 _____ [] - _____
NAME PHONE

PHONE: [] - _____ FAX: [] - _____

ADDRESS: _____
STREET CITY STATE ZIP + 4 DIGIT

TYPE OF ACCOUNT:

COMMERCIAL ACCOUNT NUMBER: _____

SAVING ACCOUNT NUMBER: _____

NAME OF PRESENT LANDLORD: _____

PHONE: [] - _____ FAX: [] - _____

ADDRESS: _____
STREET CITY STATE ZIP + 4 DIGIT

TRADE REFERENCES

List at least three current accounts, preferably Graphic Arts Supplier and/or Paper House.

FIRM NAME: _____ ACCOUNT NO: _____

PHONE: () - _____ FAX: () - _____

ADDRESS: _____
STREET CITY STATE ZIP + 4 DIGIT

ESTABLISHED ACCOUNT SINCE: _____ BALANCE AT END OF PREVIOUS MONTH: _____

FIRM NAME: _____ ACCOUNT NO: _____

PHONE: () - _____ FAX: () - _____

ADDRESS: _____
STREET CITY STATE ZIP + 4 DIGIT

ESTABLISHED ACCOUNT SINCE: _____ BALANCE AT END OF PREVIOUS MONTH: _____

FIRM NAME: _____ ACCOUNT NO: _____

PHONE: () - _____ FAX: () - _____

ADDRESS: _____
STREET CITY STATE ZIP + 4 DIGIT

ESTABLISHED ACCOUNT SINCE: _____ BALANCE AT END OF PREVIOUS MONTH: _____

FIRM NAME: _____ ACCOUNT NO: _____

PHONE: () - _____ FAX: () - _____

ADDRESS: _____
STREET CITY STATE ZIP + 4 DIGIT

ESTABLISHED ACCOUNT SINCE: _____ BALANCE AT END OF PREVIOUS MONTH: _____

TERMS AND CONDITIONS

1. All invoices are due net 30 days, any invoice(s) which is not paid when due will carry service charge of 1.5% per month.
2. The prevailing party in any litigation arising out of extension of credit to the undersigned will be entitled to all expenses (including attorney's fees) reasonably incurred in connection with such litigation. Jurisdiction of any action hereunder is hereby fixed in the City of Santa Clara, County of Santa Clara, State of California.
3. I certify that all statements made by me on this application, or in any attachments provided by me, are true to the best of my knowledge. I authorize TEMPO LITHOGRAPH to investigate the accuracy of this information from any person or organization, and in consideration of receipt of this application, I hereby release TEMPO LITHOGRAPH and all persons and organizations from all claims and liability of any nature arising from such investigation or the supplying if information as part of such investigation. This application, when completed and signed, becomes the property of TEMPO LITHOGRAPH, INC.

SIGNATURE

PRINT NAME & TITLE

DATE

ACCOUNT NUMBER: _____ DATE APPROVED: _____

TERMS: _____

DATE: _____ INITIAL: _____

FIRM NAME: _____

PERSON'S NAME AND TITLE: _____

RESULT: _____

DATE: _____ INITIAL: _____

FIRM NAME: _____

PERSON'S NAME AND TITLE: _____

RESULT: _____

DATE: _____ INITIAL: _____

FIRM NAME: _____

PERSON'S NAME AND TITLE: _____

RESULT: _____

DATE: _____ INITIAL: _____

FIRM NAME: _____

PERSON'S NAME AND TITLE: _____

RESULT: _____