



APPLICATION FOR CREDIT

PLEASE MAIL, FAX OR EMAIL THE ORIGINAL APPLICATION TO:

Mailing Address:

P.O. Box 215
East Longmeadow, MA 01028

Fax:

Attention Administration
(413) 224-1760

Email:

sheila@tigerpress.com

Sales Representative: _____

TELL US ABOUT YOURSELVES (PLEASE PRINT)

Legal Business Name: _____ Date: _____

Doing Business As (DBA): _____ Fed ID# _____

Billing Address: _____ Phone: _____

City/State/Zip: _____ Year Established: _____

Legal Entity: Corporation Partnership Proprietorship Other _____
SPECIFY

Tax Status: Taxable Nonprofit (501) _____ Resale _____
CERTIFICATE NUMBER AND EXPIRATION DATE CERTIFICATE NUMBER

If nontaxable, you must include a copy of your nonprofit certification (**Forms ST-2 and ST-5** including expiration date), resale certificate (**Form ST-4** with description of good to be resold), or manufacturers' exemption (**Form ST-12**). Without this information, we will have to charge you sales tax.

List Names of Officers, Partners, or Owners:

NAME TITLE PHONE NUMBER

NAME TITLE PHONE NUMBER

NAME TITLE PHONE NUMBER

Billing Department Contact

NAME PHONE NUMBER IF PART-TIME, BEST TIME TO REACH

Maximum Desired Credit Limit _____ Expected Average Monthly Charges _____

Will PO#'s or other authorization be required for payment of your charges? Yes No

TELL US ABOUT OTHER PLACES YOU DO BUSINESS WITH

Credit References (no utilities or franchises preferred)

COMPANY NAME PHONE STREET CITY/STATE/ZIP

COMPANY NAME PHONE STREET CITY/STATE/ZIP

COMPANY NAME PHONE STREET CITY/STATE/ZIP

Bank Reference

BANK NAME PHONE STREET CITY/STATE/ZIP

CONTACT NAME ACCOUNT NUMBER

PLEASE READ THE CREDIT TERMS ON THE BACK, AND SIGN THE FORM.

LET US TELL YOU ABOUT OUR CREDIT TERMS



Credit Approval

Processing your credit application will take approximately 15 days. Your first order will be processed as a COD payment, an initial deposit will be required and the balance will be due at time of delivery. You will be notified in writing or email once your account and credit limit has been established for you.

Payment Terms

Our terms are net 30 days, with discount for early payment, see details on your invoice. Your timely payments keep our cost down and we pass on the savings to you. In the event your payment is received after 30 days a 1.5% service charge will be added to your balance for each billing cycle that your account remains past due.

Errors on Your Bill

If you see an error on your invoice or monthly statement, we ask that you contact us ASAP but no more than 10 business days from the date of the invoice. Please take a minute to review your bill when you receive it and let us know if there are any issues so we can correct it right away.

Collection and Legal Cost

By signing this Credit Application, you confirm that you are an authorized signer on behalf of the company. You also agree that should collection or legal action become necessary to obtain payment for credit purchases, all cost of the collection, including but not limited to collection agency fees, reasonable attorneys' or other legal fees, court costs, lien filing fees, and any other collections cost will be paid by you and your company. In addition, you agree to the jurisdiction of the Hampden County, Massachusetts for all legal proceedings.

I have received a copy of TigerPress' credit terms, and have read and understand them. I agree to these terms, and authorize our bank and references to release any information to assist in establishing a line of credit.

LEGAL NAME OF BUSINESS

SIGNATURE OF OFFICER OR PARTNER OF COMPANY	NAME (PLEASE PRINT)	TITLE	DATE
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SIGNATURE (AS PERSONAL GUARANTOR)	NAME (PLEASE PRINT)	DATE
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OFFICE USE ONLY

Credit Limit: _____ **Notes:** _____

APPROVAL SIGNATURE

DATE

COMMENTS

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