

# CREDIT INFORMATION

- SEND US YOUR CREDIT APPLICATION AND RESALE CARD AND WE WILL EXTEND YOU **\$500.00** “INSTANT CREDIT” FOR USE ON YOUR FIRST ORDER ONLY.
- PLEASE ALLOW 3-4 WEEKS FOR OUR CREDIT MANAGER TO COMPLETE THE NORMAL PROCESSING.
- WHEN APPROVED, YOU WILL BE ISSUED YOUR FULL CREDIT LINE.
- OTHERWISE YOUR ORDER WILL BE **C.O.D.**

Snap-A-Part • Continuous • Checks • Cut Singles • Wrap-Around Books • Barcodes  
Integrated Labels • Integrated Cards & Punch-Out • Affixed Labels • Jumbo Rolls

**SERVING THE TRADE ONLY SINCE 1976**

Dear Distributor:

Thank you for your interest in **5 DAY BUSINESS FORMS, INC.**

We are a trade-only, short-to-medium run manufacturer of custom business forms. Our capabilities allow us to produce accurate, timely and cost-effective products for your most demanding of customers.

Our specialties include:

- \* Snap-A-Part, Continuous Forms, Cut Singles, Checks, Wrap-Around Books
- \* Barcoding and Jumbo Numbering
- \* Integrated Labels, Integrated Cards & Punch-Out, Affixed Labels, Jumbo Rolls
- \* 14, 17 and 22" rotary capabilities.
- \* **5 WORKING DAYS** production time (with PDF artwork) with **NO UPCHARGE.** More complicated jobs take a little extra time, but our estimators will give you firm completion times.
- \* **INSTA-QUOTES**, valid for 30 days. Call (800) 854-6404 for quotes.
- \* **DIRECT DELIVERY**, in your company name, to your customer. Otherwise you may "will call" your order at our plant in Anaheim, CA.
- **CREDIT TERMS** are 5% 10 days, net 30. Please call for Credit Card terms. **(COD until Approved with a credit application and resale card.)**

Our prices, FOB plant, are subject to the industry standard of 10% over/under run. An application for credit, a resale card, and a Federal Tax I.D. Number form are enclosed. Complete and return these promptly, and take advantage of our attractive credit terms.

Our skilled customer service staff looks forward to speaking with you. If you would like samples of our work, have any questions or need additional information, **please call us at (800) 854-6404.**

Office: (800) 854-6404 • Fax: (714) 238-6222 • Email: wschul@5daybf.com

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BUSINESS NAME \_\_\_\_\_ PHONE \_\_\_\_\_ FAX \_\_\_\_\_

MAILING ADDRESS \_\_\_\_\_  
STREET CITY STATE ZIP

SHIPPING ADDRESS \_\_\_\_\_  
STREET CITY STATE ZIP

PREVIOUS ADDRESS \_\_\_\_\_  
(IF APPLICABLE) STREET CITY STATE ZIP

LENGTH OF TIME  
AT THIS  
ADDRESS \_\_\_\_\_

PREVIOUS ACCOUNT @ 5-DAY UNDER DIFFERENT NAME?  YES  NO

IF YES , WHAT NAME? \_\_\_\_\_

LENGTH OF TIME IN BUSINESS \_\_\_\_\_ FED. TAX ID # \_\_\_\_\_

CORPORATION \_\_\_\_\_ PARTNERSHIP \_\_\_\_\_ INDIVIDUAL \_\_\_\_\_

DATE OF INCORPORATION \_\_\_\_\_ D.B.A. (IF ANY) \_\_\_\_\_

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PRINCIPAL \_\_\_\_\_  
NAME TITLE HOME ADDRESS

SOCIAL SECURITY # DRIVER'S LICENSE # STATE

PRINCIPAL \_\_\_\_\_  
NAME TITLE HOME ADDRESS

SOCIAL SECURITY # DRIVER'S LICENSE # STATE

PRINCIPAL \_\_\_\_\_  
NAME TITLE HOME ADDRESS

SOCIAL SECURITY # DRIVER'S LICENSE # STATE

HAS THE FIRM OR ANY OF ITS PRINCIPALS EVER FILED FOR BANKRUPTCY ?  YES  NO

IF YES, EXPLAIN: \_\_\_\_\_

# Credit Application



CORPORATE OFFICE  
2910 E. La Cresta Avenue  
Anaheim, CA 92806



WEB FINISHING  
1391 N Hundley Street  
Anaheim, CA 92806

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Bank _____ Name / Branch _____ Phone _____ Acct. No. _____	Checking <input type="checkbox"/>
Bank _____ Name / Branch _____ Phone _____ Acct. No. _____	Savings <input type="checkbox"/>
Company's Net Worth _____	Checking <input type="checkbox"/>
	Savings <input type="checkbox"/>

Trade References - ( **MANUFACTURING COMPANIES ONLY** ) Amount of credit requested per month. \_\_\_\_\_

1) Name \_\_\_\_\_ Phone \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Terms \_\_\_\_\_ When Opened \_\_\_\_\_

2) Name \_\_\_\_\_ Phone \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Terms \_\_\_\_\_ When Opened \_\_\_\_\_

3) Name \_\_\_\_\_ Phone \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Terms \_\_\_\_\_ When Opened \_\_\_\_\_

Applicant's signature attests financial responsibility, ability and willingness to pay our invoices in accordance with our terms. Applicant agrees to pay reasonable attorney fees plus interest plus collection fees in case of default in payments in compliance with terms. Our terms are 5% 10 - NET 30.

We do  do not  ( *check one* ) factor or finance our accounts receivables. Also, we do  do not  take discounts offered.

Signed \_\_\_\_\_ Title \_\_\_\_\_

Signed \_\_\_\_\_ Title \_\_\_\_\_

Date \_\_\_\_\_ Company \_\_\_\_\_

Billing Address \_\_\_\_\_

Required on Invoice P.O. No. \_\_\_\_\_ Job no. \_\_\_\_\_ Job Name \_\_\_\_\_ Person Ordering \_\_\_\_\_



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**CONDITIONS (TERMS ARE 5% 10 DAYS NET 30 UPON CREDIT APPROVAL)**

TERMS OF SALES, INCLUDING TERMS OF PAYMENT AND CHARGES, FOR EACH PURCHASE ARE AGREED TO BE THOSE SPECIFIED ON THE FACE OF EACH INVOICE. THE CUSTOMER HEREBY AGREES TO PAY ALL COSTS OF COLLECTION OR LEGAL FEES SHOULD SUCH ACTION BE NECESSARY DUE TO NON-PAYMENT. THE FOLLOWING INFORMATION IS WILLINGLY SUPPLIED AND THE CREDITOR IS AUTHORIZED TO CONTACT THE ABOVE BANK AND TRADE REFERENCES IN ORDER TO ESTABLISH THE CREDIT WORTHINESS OF THE COMPANY. IF THE APPLICANT IS NOT A CORPORATION, THE CREDITOR IS AUTHORIZED TO OBTAIN REPORTS ON THE PROPRIETORS, PARTNERS OR PRINCIPALS. SHOULD A LINE OF CREDIT BE GRANTED BY THE CREDITOR, ALL DECISIONS WITH RESPECT TO THE EXTENSION OR CONTINUATION SHALL BE IN THE SOLE DISCRETION OF THE CREDITOR. THE CREDITOR MAY TERMINATE ANY LINE OF CREDIT WITHIN ITS SOLE DISCRETION.

I HAVE READ AND UNDERSTAND THE ABOVE TERMS AND CONDITIONS, AND HEREBY AGREE TO THEM:

APPLICANT'S NAME \_\_\_\_\_ TITLE: \_\_\_\_\_

DATE: \_\_\_\_\_ APPLICANT'S SIGNATURE: \_\_\_\_\_

**FOR PROPRIETORS, PARTNERS, S-CORPORATION IN THE U.S.**

I AUTHORIZE THE SELLER AND THEIR ASSIGNS TO OBTAIN A CONSUMER CREDIT REPORT ON MY CREDIT HISTORY.

DATE \_\_\_\_\_ APPLICANT'S SIGNATURE: \_\_\_\_\_

**PERSONAL GUARANTEE**

THE UNDERSIGNED, FOR CONSIDERATION DO HEREBY INDIVIDUALLY AND PERSONALLY GUARANTEE THE FULL AND PROMPT PAYMENT OF ALL INDEBTEDNESS HERETOFORE OR HEREAFTER INCURRED BY THE ABOVE BUSINESS. THIS GUARANTEE SHALL NOT BE AFFECTED BY THE AMOUNT OF CREDIT EXTENDED OR ANY CHANGE IN THE FORM OF SAID INDEBTEDNESS. NOTICE OF THE ACCEPTANCE OF THIS GUARANTEE, EXTENSION OF CREDIT, MODIFICATION IN TERMS OF PAYMENT, AND ANY RIGHT OR DEMAND TO PROCEED AGAINST THE PRINCIPAL DEBTOR IS HEREBY WAIVED. THIS GUARANTEE MAY ONLY BE REVOKED BY WRITTEN NOTICE WHICH SHALL BE SENT TO THE CREDITOR'S CREDIT OFFICE BY CERTIFIED MAIL. ANY REVOCATION DOES NOT REVOKE THE OBLIGATION OF THE GUARANTORS TO PROVIDE PAYMENT FOR INDEBTEDNESS INCURRED PRIOR TO THE REVOCATION. I AUTHORIZE THE SELLER AND THEIR ASSIGNS TO OBTAIN A CONSUMER CREDIT REPORT AND TO CONTACT MY REFERENCES AS NECESSARY. AS GUARANTOR, I AM ALSO BOUND BY THE ABOVE ARBITRATION CLAUSE.

GUARANTOR'S NAME: \_\_\_\_\_ SIGNATURE: \_\_\_\_\_

HOME ADDRESS: \_\_\_\_\_ CITY/STATE/ZIP: \_\_\_\_\_

DATE: \_\_\_\_\_ TAX I.D. OR S.S. NO. \_\_\_\_\_

GUARANTOR'S NAME: \_\_\_\_\_ SIGNATURE: \_\_\_\_\_

HOME ADDRESS: \_\_\_\_\_ CITY/STATE/ZIP: \_\_\_\_\_

DATE: \_\_\_\_\_ TAX I.D. OR S.S. NO. \_\_\_\_\_

COMPANY NAME \_\_\_\_\_

I HEREBY CERTIFY, that I hold valid seller's permit No. \_\_\_\_\_  
issued pursuant to the Sales and Use Tax; that I am engaged in the business of selling

\_\_\_\_\_

that the tangible personal property described herein which I shall purchase from:

\_\_\_\_\_

will be resold by me in the form of tangible personal property; PROVIDED, however, that in the event any of such property is used for any purpose other than retention, demonstration, or display while holding it for sale in the regular course of business, it is understood that I am required by the Sales and Use Tax Law to report and pay for the tax, measured by the purchase price of such property.

Description of property to be purchased: \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_

Title \_\_\_\_\_ At \_\_\_\_\_

Phone \_\_\_\_\_ Cell \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_



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# CREDIT CARD AUTHORIZATION FORM

Date \_\_\_\_\_ Customer Account No. \_\_\_\_\_

Job Number to be Paid \_\_\_\_\_

Cardholder Name: \_\_\_\_\_

Company Name: \_\_\_\_\_

Billing Address: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Credit Card Number: \_\_\_\_\_

Expiration Date: \_\_\_\_\_

Type of Card: \_\_\_\_\_ VISA          Amount \$ \_\_\_\_\_

\_\_\_\_\_ Master Card

\_\_\_\_\_ American Express

Authorization for 5 Day Business Forms Mfg., Inc. to use the above referenced credit card for payment on account. I agree to pay the total amount shown above in compliance with the cardholder agreement.

\_\_\_\_\_  
Cardholder's Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Title

Sincerely,

Wendy Schul  
Credit Manager  
5 Day Business Forms Mfg., Inc.