



GANS INK & SUPPLY COMPANY, INC.

Credit Application

1. Company Name _____ Sales Code _____

DBA Name _____

Address _____ City _____ State _____ Zip _____

Phone _____ Fax _____

2. Type of Business _____

Incorporation Date _____ Federal I.D. # _____

Sole Owner Partnership LLC. Under Present Ownership Since (Date) _____

Date of LLC. _____ Date of Dissolution of LLC. _____

List Names and Addresses of Owner, Partners and Officers:

Name _____ Title _____ SS# _____

Address _____ City _____ State _____ Zip _____

Name _____ Title _____ SS# _____

Address _____ City _____ State _____ Zip _____

(If Partnership or Individual, Please List Social Security Numbers Above)

Name of Accounting Contact _____ Name of Product Buyer _____

3. Date Business Started _____ 4. Number of Employees _____

5. Our Equipment is: Owned Leased Rented 6. Line of Credit Desired _____

7. Please List All Printing Presses: _____

8. Please List 3 Trade References and Account Numbers:

Graphic Arts Supplier: Name _____ Address _____

Account # _____ Phone _____ Fax _____

Paper Supplier: Name _____ Address _____

Account # _____ Phone _____ Fax _____

Other: Name _____ Address _____

Account # _____ Phone _____ Fax _____

9. Bank Reference: Name _____ Branch _____

Contact _____ Phone _____

Address _____

Account # _____

Your signature below authorizes your bank and references to release information to Gans Ink & Supply Co., Inc. ("Gans"). Furthermore, you acknowledge that Gans is a corporation based in Los Angeles County, California, and that any disputes will be adjudicated in that jurisdiction. Any returned check shall be subject to a \$35.00 NSF check fee. Finally, the signatory below is responsible to notify Gans of any change in ownership of this business. At that time, all debts owed to Gans must be paid in full and the new owners must file a new credit application. Until such notice and application is received, the signatory below shall remain responsible for all debts incurred by the business.

Signature _____ Date _____

Name (Please Print) _____

FOR OFFICE USE ONLY - DO NOT WRITE BELOW THIS LINE

Approved Denied Terms _____ Initials _____ Date _____

Credit Limit _____ Comments _____