

1051 Russellton Rd., Cheswick PA 15024-1045 | 1.800.255.9000 | 724.275.1700 | Fax: 724.275.1704 | filmet.com

FIRM NAME		TRADE STYLE
STREET ADDRESS		PHONE
CITY	STATE	ZIP CODE

FULL NAME of OWNER or OWNERS (or an authorized officer of the corporation). List home addresses and zip code for partnership or individual.

PLEASE CHECK ONE  INDIVIDUAL  PARTNERSHIP  CORPORATION  FED. TAX NO. (FOR CORPORATION)

DEBTOR'S SOCIAL SECURITY NO. (for partnership or individual)

TYPE of BUSINESS	DATE STARTED
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ESTIMATED ANNUAL SALES

FORMER BUSINESS	LOCATION
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OWN or RENT BUILDING - IF RENT, FROM WHOM	VALUE
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REAL ESTATE MORTGAGE	Please provide previous three years financial statements
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BANK REFERENCE: ACCOUNT NUMBER	PHONE
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NAME of BANK

STREET ADDRESS

CITY	STATE	ZIP CODE
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TRADE REFERENCES: (At least three, no credit cards.) Please give full addresses and phone numbers.

**CREDIT POLICY**

- A. Maximum Credit limit I/we need is \$ \_\_\_\_\_
- B. 1 1/2% interest rate per month (annual rate of 18%) may be charged for accounts not paid in 30 days.
- C. Accounts not paid in 60 days will automatically be placed on C.O.D.

I/we agree to notify you immediately of any change of ownership. \_\_\_\_\_ (Yes or No)

My/our financial condition is satisfactory and I/we can meet all my/our present obligations. \_\_\_\_\_ (Yes or No)

There are lawsuits and judgements against me/us at the present time. \_\_\_\_\_ (Yes or No - *If yes, please attach details*)

APPLICANT'S SIGNATURE ATTESTS FINANCIAL RESPONSIBILITY, ABILITY AND WILLINGNESS TO PAY OUR INVOICES IN ACCORDANCE WITH FOLLOWING TERMS:  
**2% 10, NET 30 DAYS.**

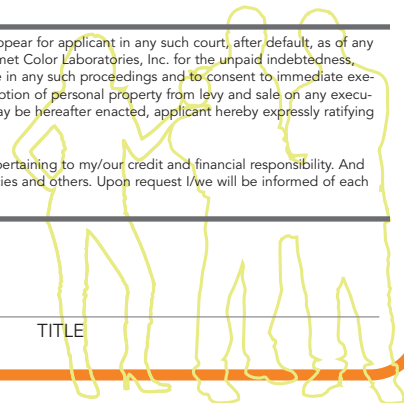
Applicant does hereby empower and authorize without power of revocation, any attorney of any court of record within the United States or elsewhere to appear for applicant in any such court, after default, as of any term, with or without declaration filed, to waive process and service thereof and confess judgement or a series of judgements against applicant in favor of Filmet Color Laboratories, Inc. for the unpaid indebtedness, delinquency charges, and any other sum due hereunder 30% of all amounts due hereunder, with release of all errors and rights to appeal which may intervene in any such proceedings and to consent to immediate execution upon any such judgement; and inquisition and extension upon any levy upon real estate is hereby waived and condemnation agreed to, and the exemption of personal property from levy and sale on any execution hereon is also hereby expressly waived, and no benefit of exemption shall be claimed under and by virtue of any exemption law now in force or which may be hereafter enacted, applicant hereby expressly ratifying and confirming all that said attorney may do by virtue hereof.

The Above information is for the purpose of obtaining credit and is warranted to be true. I/we hereby authorize Filmet to investigate the references listed pertaining to my/our credit and financial responsibility. And I/we authorized Filmet to investigate any facts, or obtain and exchange reports regarding this application and/or resulting account with credit reporting agencies and others. Upon request I/we will be informed of each agency's name and address.

FIRM NAME \_\_\_\_\_

BY \_\_\_\_\_ TITLE \_\_\_\_\_

BY \_\_\_\_\_ TITLE \_\_\_\_\_



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Please fill out this form and return it along with your Credit Application.

BILLING INFORMATION for PURCHASES by: \_\_\_\_\_  
Company or organization name

1. A. Who is permitted to make purchases?

NAME	PHONE
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B. Does he/she need a purchase order for each job? YES  NO

C. Can anyone else make purchases on this same order?  
If so, who? YES  NO

PHONE
PHONE
PHONE

2. What address should the invoice be sent to:

NAME		
STREET ADDRESS		
CITY	STATE	ZIP CODE

3. Whose attention should the invoice be sent to:

NAME	PHONE
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4. What information needs to be included on the invoice to assure problem free processing?

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Thank you for your assistance  
The Credit Manager

