

Credit Application: Company Check -- COD

Legal Name of Business _____

Street Address _____

City, State, Zip Code _____

Business Phone () _____ Residential Phone () _____

Type of Organization: () Corporation () Partnership () Proprietorship

Owner/President: _____ Social Security #: _____

Home Address: _____

Home Phone: () _____

Partner/Vice President: _____ Social Security #: _____

Home Address: _____

Home Phone: () _____

Business Established (Date) _____ No. Of Employees _____ Years At This Location _____

Main Products Sold _____ Gross Sales Per Year _____

Please Provide Three (3) Screen-Printing Supply References Who Accept Your COD Company Check:

(1) NAME _____ ACCT # _____

ADDRESS _____ PHONE # () _____

CITY _____ STATE _____ ZIP CODE _____ FAX # () _____

(2) NAME _____ ACCT # _____

ADDRESS _____ PHONE # () _____

CITY _____ STATE _____ ZIP CODE _____ FAX # () _____

(3) NAME _____ ACCT # _____

ADDRESS _____ PHONE # () _____

CITY _____ STATE _____ ZIP CODE _____ FAX # () _____

BANK REFERENCES

(1) NAME _____
ADDRESS _____
CITY, STATE, ZIP CODE _____

PHONE # () _____
TYPE OF ACCOUNT _____
ACCT # _____

(2) NAME _____
ADDRESS _____
CITY, STATE, ZIP CODE _____

PHONE # () _____
TYPE OF ACCOUNT _____
ACCT # _____

I certify that I am twenty-one (21) years of age or older. I certify that the facts contained in this application are true and complete to the best of my knowledge. I hereby authorize the investigation of all references listed above to obtain pertinent information and understand that any information obtained will be held in strictest confidence. I authorize full release of information pertaining to my bank accounts currently or previously held with your organization. My signature below authorizes full release of this information over the phone to Lawson Screen Products, Inc.

AUTHORIZED SIGNATURE _____ **TITLE** _____

PRINT OR TYPE NAME _____ **DATE** _____

+ The Company, herein applying for credit, recognizes that Lawson Screen Products, Inc. has certain "Terms and Conditions" that apply to, and govern, all quotations and sales.

* I understand that Lawson Screen Products, Inc. charges a service charge of 1 1/2% per month on past due invoices. The Company, herein applying for credit, agrees to pay any service charges, if applicable, and all legal and collection costs, including reasonable attorney fees if necessary.

PERSONAL GUARANTY

I/We, _____ and _____
(Name) (Spouse - if applicable)

residing at _____ for and in consideration of

Lawson Screen Products, Inc., extending at our request credit to _____
(Name of Company)

hereinafter referred to as the "Company", of which _____ is _____
(Name) (Title)

hereby personally guarantee to you payment at 5110 Penrose Street, St. Louis, Missouri, of any obligation of the Company and we hereby agree to bind ourselves to pay you on demand any sum which may become due to you by the Company whenever the Company may fail to do the same. It is understood that this guarantee shall be a continuing and irrevocable guaranty and indemnity for such indebtedness of the Company. We do hereby waive notice of default, non-payment and notice thereof and consent to any modification or renewal of the credit agreement hereby guaranteed.

SIGNATURES: § _____

(Print Name)

Witness _____

§ _____
(Spouse)

Date _____

(Print Name)