

## Applicant

Legal Business Name \_\_\_\_\_

List all trade names and D.B.A. if applicable \_\_\_\_\_

Parent Company Name if applicant is a subsidiary \_\_\_\_\_

Phone \_\_\_\_\_

Address \_\_\_\_\_

Fax \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ ZIP \_\_\_\_\_

Amount of Credit Requested: \_\_\_\_\_

Will you furnish a financial statement upon request?  Yes  No

Purchase Order Required?  Yes  No

Annual Sales: \_\_\_\_\_

Type of business: \_\_\_\_\_ How long in business? \_\_\_\_\_

## Business Information

Federal Tax ID or Social Security Number \_\_\_\_\_

Sole Proprietorship  
Applicant \_\_\_\_\_

Co-Applicant \_\_\_\_\_

Partnership  
Managing Partner \_\_\_\_\_

Managing Partner \_\_\_\_\_

Corporation  
President \_\_\_\_\_

Treasurer \_\_\_\_\_

LLC  
Member \_\_\_\_\_

Member \_\_\_\_\_

How long has present ownership operated? \_\_\_\_\_

Is your company required to pay Florida sales tax?  Yes  No

If you answered no, please provide Florida sales tax exemption certificate.

Have you or any officer of your company been involved in bankruptcy or insolvency proceeding?  Yes  No

Are you or your business involved in any pending lawsuits?  Yes  No

## Accounts Payable Information

Accounts Payable Contact \_\_\_\_\_

Phone \_\_\_\_\_

Email \_\_\_\_\_

## Applicant Owners

\_\_\_\_\_  
Name

\_\_\_\_\_  
Address 1

\_\_\_\_\_  
Address 2

\_\_\_\_\_  
City

\_\_\_\_\_  
State

\_\_\_\_\_  
ZIP

\_\_\_\_\_  
Title

\_\_\_\_\_  
Phone

\_\_\_\_\_  
Email Address

\_\_\_\_\_  
Ownership Percentage

\_\_\_\_\_  
Name

\_\_\_\_\_  
Address 1

\_\_\_\_\_  
Address 2

\_\_\_\_\_  
City

\_\_\_\_\_  
State

\_\_\_\_\_  
ZIP

\_\_\_\_\_  
Title

\_\_\_\_\_  
Phone

\_\_\_\_\_  
Email Address

\_\_\_\_\_  
Ownership Percentage

\_\_\_\_\_  
Name

\_\_\_\_\_  
Address 1

\_\_\_\_\_  
Address 2

\_\_\_\_\_  
City

\_\_\_\_\_  
State

\_\_\_\_\_  
ZIP

\_\_\_\_\_  
Title

\_\_\_\_\_  
Phone

\_\_\_\_\_  
Email Address

\_\_\_\_\_  
Ownership Percentage

## Trade References

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

\_\_\_\_\_  
Address 1

\_\_\_\_\_  
Address 2

\_\_\_\_\_  
City

\_\_\_\_\_  
State

\_\_\_\_\_  
ZIP

\_\_\_\_\_  
Phone

\_\_\_\_\_  
Contact Person

\_\_\_\_\_  
Email Address

\_\_\_\_\_  
Length of Business Relationship

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

\_\_\_\_\_  
Address 1

\_\_\_\_\_  
Address 2

\_\_\_\_\_  
City

\_\_\_\_\_  
ZIP

\_\_\_\_\_  
Phone

\_\_\_\_\_  
Contact Person

\_\_\_\_\_  
Email Address

\_\_\_\_\_  
Length of Business Relationship

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

\_\_\_\_\_  
Address 1

\_\_\_\_\_  
Address 2

\_\_\_\_\_  
City

\_\_\_\_\_  
ZIP

\_\_\_\_\_  
Phone

\_\_\_\_\_  
Contact Person

\_\_\_\_\_  
Email Address

\_\_\_\_\_  
Length of Business Relationship

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

\_\_\_\_\_  
Address 1

\_\_\_\_\_  
Address 2

\_\_\_\_\_  
City

\_\_\_\_\_  
ZIP

\_\_\_\_\_  
Phone

\_\_\_\_\_  
Contact Person

\_\_\_\_\_  
Email Address

\_\_\_\_\_  
Length of Business Relationship

Please do not include financial institutions. For example: credit cards, car payments, or loans

## Bank References

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

\_\_\_\_\_  
Address 1

\_\_\_\_\_  
Address 2

\_\_\_\_\_  
City                      State      ZIP

\_\_\_\_\_  
Checking Account Number

\_\_\_\_\_  
Savings Account Number

\_\_\_\_\_  
Phone

\_\_\_\_\_  
Fax

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

\_\_\_\_\_  
Address 1

\_\_\_\_\_  
Address 2

\_\_\_\_\_  
City                      State      ZIP

\_\_\_\_\_  
Checking Account Number

\_\_\_\_\_  
Savings Account Number

\_\_\_\_\_  
Phone

\_\_\_\_\_  
Fax

You are hereby authorized to release all banking information requested by Newspaper Printing Company of Tampa, Florida.

Authorized by:

\_\_\_\_\_  
Name

\_\_\_\_\_  
Signature

### Please Read Before Signing

All invoices for printing work and related services and supplies are due and payable in accordance with and pursuant to the credit terms established by Newspaper Printing Company. These terms are subject to review from time to time.

I hereby certify that the information contained herein is complete and accurate. This information has been furnished with the understanding that it is to be used to determine the amount and conditions of the credit to be extended for business purposes only and not for the extension of credit for personal, family or household purposes. Furthermore, I hereby authorize the financial institutions and trade references listed in the credit application and customary credit information sources to release necessary information to the company for which credit is being applied for in order to verify the information contained herein.

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

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature and Title

## Guaranty

### GUARANTY OF CUSTOMER'S LIABILITIES TO NEWSPAPER PRINTING COMPANY

THE UNDERSIGNED, (Who if more than one shall be jointly liable heron) hereby unconditionally guar-  
antees to NEWSPAPER PRINTING COMPANY located at 5210 South Lois Avenue, Tampa, Florida 33611  
(herein called the "Company"), it's successors and assigns, the prompt payment performance by  
\_\_\_\_\_ (herein called the "Customer") of the Customer's li-  
abilities to the Company, which term as usual herein means all existing and future liabilities, agreements,  
obligations of every nature whatsoever of the Customer to the Company including those arising out of  
the order and purchase by the Customer of printing work and related services and supplies from the  
Company. The undersigned also agrees to pay to Company on demand all costs and expenses, including  
reasonable attorneys' fees which may be incurred in enforcing the Customer's liability of the Undersigned  
hereunder.

The Undersigned agrees that any extensions, releases or compromises may be granted with respect to  
the Customer's liabilities to the Company without notice to the Undersigned and without affecting in any  
way the Undersigned's liability performance or payment of the Undersigned's obligations hereunder or by  
the death or incapacity of any of the Undersigned.

This Guaranty shall be construed and governed by the laws of the State of Florida and is binding upon  
the Customer and his or her legal representatives and heirs. In the event of a lawsuit between the par-  
ties jurisdiction and venue of such suit shall be in Pinellas County or Hillsborough County, Florida at the  
option of the Company. The prevailing party shall be entitled to recover all costs and expenses of any  
litigation including reasonable attorney fees for all proceedings, trials and appeals.

IN WITNESS WHEREOF, the undersigned has executed this Guaranty this \_\_\_\_\_ day of  
\_\_\_\_\_, 20\_\_\_\_.

"Name of Guarantor"

\_\_\_\_\_

Signature

Address

City State ZIP

Social Security Number

"Name of Guarantor"

\_\_\_\_\_

Signature

Address

City State ZIP

Social Security Number