



# Dickinson Press Inc.

5100 33rd St. SE, Grand Rapids, MI 49512

616-957-5100

## CONFIDENTIAL CLIENT ACCOUNT INFORMATION

### APPLICANT INFORMATION

Legal Business Name _____ Telephone _____	
Trade Name(s) _____	
Street Address, City, State & Zip Code _____	
Billing Address, City, State & Zip Code _____	
Parent Company Name _____	
Street Address, City, State & Zip Code _____	
Federal Tax ID or Social Security # _____ Dun & Bradstreet # _____	
___ Corporation	___ Non-Profit Corp.
___ Partnership	___ Individual
Description of Business _____ Date Started _____	
Type of Publications _____ Number of Employees _____	
Fiscal Year _____ Actual Sales Last Year _____ Estimated Sales This Year _____	
Sales Tax License # _____ Taxable ___ Exempt <i>(attach exemption form)</i>	

### MANAGEMENT

CEO, COO, or President _____	Title _____
Telephone/Ext. _____	Email Address _____
V.P. of Finance or Treasurer _____	Title _____
Telephone/Ext. _____	Email Address _____
Accounts Payable Contact _____	Title _____
Telephone/Ext. _____	Email Address _____

### CREDIT REQUEST

Amount of Credit Requested _____	Amount of Initial Order _____
<i>For a requested credit limit in excess of \$10,000, please attach a copy of your most recent fiscal year-end financial statements, including balance sheet, income statement, and statement of cash flows. This information is essential to the extension of credit. Be assured that any information which you provide will be used solely by our credit staff and will be held in strict confidence.</i>	

### BANK REFERENCE

Name _____	Telephone _____
Street Address, City, State & Zip Code _____	
Bank Officer Name and Title _____	Telephone/Ext. _____
Checking Account Number(s) _____	Savings Account Number(s) _____

## PRINTING & OTHER TRADE REFERENCES

(Include at least two printing references. References should have, as a minimum, the same high credit amount as requested by the Applicant.)

Company Name _____ Account # _____ Street Address, City, State & Zip Code _____ Telephone/Ext. _____ Fax _____ Email Address _____
Company Name _____ Account # _____ Street Address, City, State & Zip Code _____ Telephone/Ext. _____ Fax _____ Email Address _____
Company Name _____ Account # _____ Street Address, City, State & Zip Code _____ Telephone/Ext. _____ Fax _____ Email Address _____
Company Name _____ Account # _____ Street Address, City, State & Zip Code _____ Telephone/Ext. _____ Fax _____ Email Address _____

## APPLICANT'S AFFIRMATION, AUTHORIZATION AND AGREEMENT

*The undersigned ("Applicant") hereby applies for credit with Dickinson Press Inc. ("DPI") and the preceding information is for the purpose of obtaining credit and is warranted to be true. The undersigned authorizes DPI to contact all references above in consideration of the extension of credit, and grants permission to all references to release such credit information to DPI. If Applicant's credit is approved, unless otherwise agreed, payment terms are one percent (1%) ten (10) days, net twenty-five (25) days. Applicant shall pay DPI on demand as liquidated damages upon late payment (i) an amount equal to 1-1/2 percent (1.5%) per month on the amount of the overdue payment, prorated on a daily basis for each day that payment is overdue, or (ii) the maximum amount that may be charged under applicable law, whichever is less. DPI's right to payment of such damages shall not relieve Applicant of its obligation to pay the overdue amounts stated in the invoice when due, or be deemed a waiver or forbearance by DPI of its rights to such payment. As security for payment of any sum due or to become due, the undersigned hereby unconditionally personally guarantees the full performance of all indebtedness arising hereunder, without deduction for any claim of offset or counterclaim of Applicant, together with all expenses of collection and counsel fees incurred by DPI in connection with Applicant's default hereunder. The Undersigned agrees that upon DPI's request, it will execute, or cause execution of, a separate unconditional guaranty in form and substance satisfactory to DPI. Applicant further grants DPI the right to retain possession of and a security interest in, all of Applicant's property in DPI's possession, including all film, electronic files, work-in-process and undelivered work. If after a reasonable period of time, Applicant has not paid the sums due to DPI, DPI may exercise all the rights of a secured creditor under Article 9 of the Michigan Uniform Commercial Code including use or sale of Applicant's property to recover the amounts owing from the Applicant including actual attorney's fees incurred in the collection effort. Applicant warrants that it has all rights, including copyrights, to all property in the possession of DPI and grants DPI a license to use, sell or distribute its property if necessary to recover all amounts owing DPI. All indebtedness and obligations incurred by the Applicant hereunder shall be binding on the Applicant, guarantor and their heirs and personal representatives, successors and assigns.*

Signature \_\_\_\_\_ Date \_\_\_\_\_  
Print Name \_\_\_\_\_ Title \_\_\_\_\_

**This Application must be signed by an Officer or Owner of the Applicant**

Please return this completed application to **Dickinson Press Inc.**  
**Mail:** 5100 33rd St. SE, Grand Rapids, MI 49512  
**Fax:** 616-957-1261 or 616-818-4431  
**Email:** [AccountsReceivable@dickinsonpress.com](mailto:AccountsReceivable@dickinsonpress.com)

## FOR DICKINSON PRESS INC. USE ONLY

Credit Limit _____	Terms _____	Date of Credit Approval _____
Business Development Manager _____	Signed _____	