



CREDIT APPLICATION

Company Legal Name: _____ Street Address: _____

_____ City: _____

Doing Business As: _____ State: _____ Zip: _____

_____ Phone: _____

Parent Company: _____ Website: _____

_____ Billing Address (if different): _____

Organization Type: _____ City: _____

- Individual/sole proprietor or single-member LLC
- C Corporation S Corporation Partnership
- Trust/estate

State: _____ Zip: _____

Billing Contact Name: _____

Billing Contact Phone: _____

Billing Contact Email: _____

TIN/SSN/EIN: _____ Credit Limit Requested: _____

Date Established: _____ Sales Rep: _____

Dun & Bradstreet #: _____

- Site: (select all that apply) I am not sure Sheridan GR
- Sheridan KY Sheridan MI Sheridan MN Sheridan NH
- Sheridan OH Sheridan PA Sheridan RL Sheridan WZ
- KnowledgeWorks Global Ltd.

- Tax Status:
- Taxable Tax exempt
- If tax exempt, please attach certificate(s)

Bank Name: _____

Account Number: _____ Gross Annual Sales: _____

Principal Trade References:

Name	Address	Email (REQUIRED)	Phone/Fax

The above information is accurate, and the creditor is authorized to contact the bank and trade references supplied in order to establish the creditworthiness of the applicant. If credit availability is granted, all decisions with respect to the extension or continuation shall be in the sole discretion of the creditor. The applicant received a copy of the creditor's terms of sale and acknowledges that these terms shall apply to all work performed. The applicant agrees to update this application if the information disclosed is no longer accurate or at the request of the creditor. The applicant expressly agrees to make payment in full for all purchases in accordance with their invoice(s). Should the applicant default in any such payment, the applicant expressly agrees to pay reasonable attorney fees and all other costs and expenses incurred in the collection of any obligation of the applicant pursuant hereto. This agreement shall become effective when accepted by your authorized representative. The applicant shall not transfer or assign this agreement without the prior written consent of the creditor.

Authorized Signature _____ Name _____

Title _____ Date _____

INSTRUCTIONS

A completed credit application must be received and processed by CJK Group and subsidiaries (CJK) before an order can be accepted; failure to complete all items may delay your order. Financial information may be requested to approve credit and from time to time after an account is established. Our standard terms of payment for companies with approved credit are net 30 days from date of invoice. Our terms of payment for customers who do not qualify for net 30 day terms are cash in advance at the time the order is sent to us. A late charge of 1.5% per month may be assessed on any unpaid invoices after the due date. Credit references must include printing trade references with whom you are currently working. If you do not have printing trade references, please give references with whom you have open trade accounts in amounts similar to the credit limit you will need with CJK. Do not give personal credit references such as credit cards or secured credit such as auto loans and mortgages. The original completed and signed form can be mailed, faxed, or emailed to:

CJK Group, Attn: Credit Dept.

450 Fame Avenue, Hanover, PA 17331

Fax: 717-633-8933 / Email: credit@cjkgroup.com

If you have any questions, please contact our Credit Department at 717-632-8448 ext. 8025 or 8012.