



- Sheridan GR
- Sheridan OH
- Sheridan KY
- Sheridan PA
- Sheridan MI
- Sheridan RL
- Sheridan MN
- Sheridan WI
- Sheridan NH
- KnowledgeWorks Global Ltd.

Account # (if already assigned): \_\_\_\_\_ Sales Rep: \_\_\_\_\_

**CUSTOMER INFORMATION** SECTION 1

Account Name: \_\_\_\_\_  
(SHOW EXACT BILLING NAME)

Parent Co. (if Division or Subsidiary): \_\_\_\_\_

Address of Business: \_\_\_\_\_  
(Street, City, State, Zip Code)

Billing Address (if different): \_\_\_\_\_  
(Street, City, State, Zip Code)

Email address for invoicing: \_\_\_\_\_

At present location since: \_\_\_\_\_ Present business location is:  Owned  Leased

Type of Business: \_\_\_\_\_ Date Established: \_\_\_\_\_

Phone: \_\_\_\_\_ Cell: \_\_\_\_\_ Fax: \_\_\_\_\_

Website: \_\_\_\_\_ Email: \_\_\_\_\_

Sole ownership  Incorporated in: \_\_\_\_\_  LLC  Partnership  LLP  Not for Profit  Other: \_\_\_\_\_

Name of Owner: \_\_\_\_\_ Home Address: \_\_\_\_\_

Federal ID or Social Security No: \_\_\_\_\_ Dun & Bradstreet No: \_\_\_\_\_

Taxable  Tax exempt If tax exempt, please attach certificate and provide # here \_\_\_\_\_

**NAMES AND TITLES OF OFFICERS/PARTNERS**

Name	Home Address	City	State	Zip	Title

**CREDIT APPLICATION** (instructions on next page) SECTION 2

Banking at \_\_\_\_\_  
BANK NAME, BRANCH OR ADDRESS, CITY

Bank Acct No. \_\_\_\_\_ Gross Annual Sales \$ \_\_\_\_\_

Credit Limit Requested \$ \_\_\_\_\_ Purchase order required  Yes  No

Accounts Payable Contact:  
 Name \_\_\_\_\_ Phone \_\_\_\_\_ Email \_\_\_\_\_

**Principal Trade References** (Please include current/previous printers)

Name	Address	Phone/Fax	Email

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 the applicant is not a corporation the creditor is authorized to obtain credit reports on the proprietors, partners or principals. 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.

Name \_\_\_\_\_ Authorized Signature \_\_\_\_\_  
(print)  
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 shipment. 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 1½ % 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.

This 3 page form must be filled out in its entirety. 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.

## PERSONAL GUARANTEE

As an inducement for CJK to sell goods, services, and merchandise to

\_\_\_\_\_ (hereinafter "Purchaser"), the undersigned, jointly and severally agree(s) to and do hereby guarantee the payment, in accordance with the terms of sale, by Purchaser to CJK of all monies due for goods, services, and merchandise sold and delivered to Purchaser until this guarantee has been rescinded, in writing. The obligations hereunder are independent of the obligations of Purchaser and a separate action or actions may be brought and prosecuted against the undersigned Guarantor(s) whether said Purchaser is joined in any such action or actions. The undersigned Guarantor(s) waive any right to require CJK to proceed against the Purchaser or proceed against or exhaust any security held by CJK from said Purchaser entity or to pursue any other remedy in CJK's power whatsoever. The undersigned acknowledge that CJK is not obligated by accepting or receiving this Guarantee or otherwise to furnish any goods, services, or merchandise as may be sold by CJK to Purchaser. This guarantee is continuing and irrevocable. The undersigned Guarantor(s) agree(s) to pay reasonable attorneys fees and all other reasonable costs and expenses which may be incurred by CJK in the enforcement of this Guarantee.

Guarantors \_\_\_\_\_ Date Signed \_\_\_\_\_  
Signature \_\_\_\_\_ Signature \_\_\_\_\_  
Print Name \_\_\_\_\_ Print Name \_\_\_\_\_  
Social Security # \_\_\_\_\_ Social Security # \_\_\_\_\_



450 Fame Avenue  
Hanover, PA 17331  
717-632-8448 x8025  
Fax: 717-633-8933

To Whom It May Concern:

I/we hereby authorize you to release to CJK Group and subsidiaries the following bank information:

Banking and savings account records:

Average account balance for the last 12 months \_\_\_\_\_

Account maintained since \_\_\_\_\_

Is account satisfactory? \_\_\_\_\_

Lines of credit available? \_\_\_\_\_

Are there any loans? \_\_\_\_\_

Comments: \_\_\_\_\_

This information is for confidential use in compiling an open credit account.

A photographic copy of this authorization may be deemed to be the equivalent of the original and may be used as a duplicate original.

Your prompt reply will help expedite our credit application.

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

\_\_\_\_\_  
Bank Name

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

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Title

\_\_\_\_\_  
Date

Bank instructions: Please fax back to 717-633-8933, to the attention of Credit Department or email to [credit@cjkgroup.com](mailto:credit@cjkgroup.com)

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