

Bank Authorization

I/WE AUTHORIZE _____ TO FURNISH TO K2 GRAPHIC SERVICES, INC.
(YOUR BANK NAME HERE)

THE INFORMATION REQUESTED BELOW CONCERNING OUR ACCOUNT.

ADDRESS: _____ BANK PHONE: _____
CITY, STATE & ZIP: _____ BANK FAX: _____
COMPANY NAME: _____
SIGNATURE _____ PRINT NAME & TITLE: _____
ACCOUNT NOS.: _____ DATE: _____

INFORMATION BELOW IS TO BE PROVIDED BY YOUR BANK:

BALANCES: AVERAGE \$ _____ PRESENT \$ _____ RETURN ITEMS? YES NO
DATE ACCOUNT OPENED _____

OUTSTANDING LOANS: AMOUNT \$ _____ PRESENT BALANCE \$ _____
MATURES _____ COLLATERAL _____
REPAYMENT SCHEDULE: PROMPT AS AGREED SLOW DEFAULT
DATE ACCOUNT OPENED: _____

TERMS AND CONDITIONS

THE UNDERSIGNED AFFIRMS THAT THE INFORMATION FURNISHED ON THIS APPLICATION IS FOR THE PURPOSE OF OBTAINING CREDIT FROM K2 GRAPHIC SERVICES, INC. AND AUTHORIZES AN INVESTIGATION INTO THE CREDIT WORTHINESS OF THE APPLICANT AND FURTHER AGREES TO THE DISSEMINATION OF CREDIT INFORMATION ABOUT THE APPLICANT.

THE UNDERSIGNED, INDIVIDUALLY AND AS AN AUTHORIZED AGENT FOR THE APPLICANT, AFFIRMS THAT ALL INFORMATION GIVEN HEREIN IS TRUE, COMPLETE AND CORRECT, AND AGREES THAT ANY CREDIT EXTENDED SHALL BE IN ACCORDANCE WITH THE FOLLOWING TERMS AND CONDITIONS:

- 1. TO PUNCTUALLY PAY ALL INDEBTEDNESS WHENEVER DUE.
- 2. TO PAY INTEREST AT THE MAXIMUM RATE ALLOWED BY LAW ON ANY PAST DUE AMOUNTS.
- 3. TO PAY ALL COSTS OF COLLECTION, INCLUDING REASONABLE ATTORNEY'S FEES.
- 4. TO WAIVE PRESENTMENT FOR PAYMENT, NOTICE OF NONPAYMENT OR TO PROTEST ANY EXTENSION OF TIME WHICH MAY BE GRANTED.
- 5. ALL CLAIMS, DEMANDS, DISPUTES, DIFFERENCES, CONTROVERSIES, MISUNDERSTANDINGS, LAWSUITS, ACTIONS AND PROCEEDINGS ARISING OUT OF OR IN CONNECTION WITH OR IN RELATION TO ANY AGREEMENT ENTERED INTO BETWEEN SELLER AND CUSTOMER WHICH MAY NOT BE SETTLED BY SUCH PARTIES MAY ONLY BE LITIGATED IN THE APPROPRIATE COURTS OF BROWARD COUNTY, FLORIDA.
- 6. GRANT THE APPROPRIATE COURT OF BROWARD COUNTY, FLORIDA EXCLUSIVE JURISDICTION FOR THE PURPOSES OF ANY SUCH LAWSUIT, ACTION AND PROCEEDING AND WAIVES ANY AND ALL RIGHTS TO OPPOSE SUCH JURISDICTION OR TO DEMAND A CHANGE OF VENUE TO ANY OTHER JURISDICTION.
- 7. A JUDGEMENT ENTERED IN FAVOR OF CREDITOR IN THE APPROPRIATE COURTS OF BROWARD COUNTY, FLORIDA MAY BE ENTERED IN ANY OTHER COURT WITHIN THE TERRITORIAL LIMITS OF THE UNITED STATES OF AMERICA PROVIDED THAT CUSTOMER WAS SERVED IN THE JURISDICTION WHERE CUSTOMER IS LOCATED IN ACCORDANCE WITH THE APPROPRIATE LAWS AND RULES OF CIVIL PROCEDURE OF THE STATE OF FLORIDA.

THE APPLICANT AND AGENT ACCEPT SAID TERMS AND CONDITIONS AND AGREES TO BE BOUND BY SAME, WHICH SHALL REMAIN IN FULL FORCE AND EFFECT UNTIL CANCELLED. CANCELLATION WILL NOT BECOME EFFECTIVE UNTIL WRITTEN NOTICE OF THE REQUEST TO TERMINATE IS RECEIVED BY CERTIFIED MAIL, BY K2 GRAPHIC SERVICES, INC., EXCEPT THAT THE WRITTEN TERMINATION SHALL BE EFFECTIVE ONLY AS TO FUTURE CREDIT FROM THE DATE WRITTEN NOTICE IS RECEIVED BY K2 GRAPHIC SERVICES, INC.

THE UNDERSIGNED HEREBY AGREES TO BE PERSONALLY LIABLE FOR ALL DEBTS INCURRED BY THE APPLICANT PURSUANT TO THE APPLICATION FOR CREDIT. THE UNDERSIGNED AGREES TO KEEP THE INFORMATION CONTAINED IN THIS APPLICATION CURRENT AND TO IMMEDIATELY NOTIFY THE CREDITOR OF ALL CHANGES.

PRINT NAME: _____ SIGNATURE: _____ DATE: _____
AS AGENT FOR APPLICANT AND INDIVIDUALLY

SIGN AND FAX AUTHORIZATION TO : 954-786-9313

CREDIT APPLICATION

K2 GRAPHIC SERVICES, INC.
215 NW 16TH STREET
POMPANO BEACH, FL 33060



800-480-8650
PHONE 954-786-2900
FAX 954-786-9313

BUSINESS NAME _____ DATE _____

LEGAL NAME _____

ADDRESS _____ PHONE _____

CITY _____ STATE _____ ZIP _____ FAX _____

TYPE OF BUSINESS: CORPORATION PARTNERSHIP SOLE PROPRIETOR

NATURE OF BUSINESS _____

YEAR ESTABLISHED _____ BUSINESS BUILDING OWNED RENTED

NUMBER OF FULL TIME EMPLOYEES _____ NUMBER OF PART TIME EMPLOYEES _____

PRINCIPALS

NAME _____

NAME _____

TITLE _____

TITLE _____

HOME ADDRESS _____

HOME ADDRESS _____

CITY _____ STATE _____ ZIP _____

CITY _____ STATE _____ ZIP _____

HOME PHONE _____

HOME PHONE _____

NAME _____

NAME _____

TITLE _____

TITLE _____

HOME ADDRESS _____

HOME ADDRESS _____

CITY _____ STATE _____ ZIP _____

CITY _____ STATE _____ ZIP _____

HOME PHONE _____

HOME PHONE _____

CREDIT REFERENCES

COMPANY _____

COMPANY _____

CONTACT _____

CONTACT _____

ADDRESS _____

ADDRESS _____

CITY _____ STATE _____ ZIP _____

CITY _____ STATE _____ ZIP _____

PHONE _____ FAX _____

PHONE _____ FAX _____

COMPANY _____

COMPANY _____

CONTACT _____

CONTACT _____

ADDRESS _____

ADDRESS _____

CITY _____ STATE _____ ZIP _____

CITY _____ STATE _____ ZIP _____

PHONE _____ FAX _____

PHONE _____ FAX _____