

Fax to: 859.292.2905 Email to: trn@newforms.com

□ CHECK ACCEPTANCE APPLICATION

OPEN ACCOUNT APPLICATION Amount R	equested \$	
BUSINESS NAME:		
ADDRESS:		
CITY:	STATE:	ZIP:
PHONE: () FAX: ()	EMAIL:	
IN BUSINESS SINCE (YEAR)	_ 🗇 SOLE PROPRIETOR 🗇 PARTNEF	

SALES TAX TO BE CHARGED $\ \square$ YES $\ \square$ NO RESALE CERTIFICATE MUST BE ENCLOSED IF NON-TAXABLE

THE OWNERS OR, IF CORPORATION, THE OFFICERS ARE:

NAME	TITLE	ACCOUNT PAYABLE CON	VTRACT	
STREET/P.O. BOX		STREET/P.O. BOX		
CITY / STATE / ZIP		CITY / STATE / ZIP		
PHONE NO.		PHONE NO.		
NAME OF PRINCIPAL BANK		//		
		A	CCOUNT NUMBER	R
BANK ADDRESS	CITY	STATE	ZIP	PHONE
				PHONE
NAME AND ADDRESS OF THREE	(2) PRINCIPAL SUPPLIERS:			
NAME AND ADDRESS OF THREE (1) NAME	(2) PRINCIPAL SUPPLIERS:			PHONE
(1)NAME	(2) PRINCIPAL SUPPLIERS: ADDRESS			
NAME AND ADDRESS OF THREE (1) NAME (2)	(2) PRINCIPAL SUPPLIERS: ADDRESS ADDRESS TO PAY, IN THE EVENT THE ACCO S FEE PLUS ALL COURT AND AT OLD IF ACCOUNT GOES BEYONI	STREET ADDRESS, ZIP CO	DES, ETC.	PHONE PHONE PHONE RVES THE
NAME AND ADDRESS OF THREE (1) NAME (2) NAME THE UNDERSIGNED PURCHASER AGREES COLLECTION, REASONABLE ATTORNEY' RIGHT TO PLACE ORDERS ON CREDIT H	(2) PRINCIPAL SUPPLIERS: ADDRESS ADDRESS 5 TO PAY, IN THE EVENT THE ACCO S FEE PLUS ALL COURT AND AT OLD IF ACCOUNT GOES BEYONI AT A RATE OF 2% PER MONTH. DRIZES RELEASE OF ANY INFORM	STREET ADDRESS, ZIP CO DUNT BECOMES DELINQUENT AN TENDANT COLLECTION COST. N D TERMS. LATE FEES ARE ASSES MATION NECESSARY TO ESTABI	DDES, ETC. ND IS TURNED OVER FO IEWFORMS, INC. RESE ISED AFTER OPEN INVO	PHONE PHONE OR RVES THE DICES ARE

PLEASE COMPLETE REVERSE SIDE

PAYMENT GUARANTEE

To induce Newforms, Inc. or its subsidiaries to approve this Credit application and in consideration of its so doing, we, the undersigned, do hereby jointly, severally and personally guarantee the above purchaser's full performance of said purchase agreement and hereby agree to indemnify Newforms, Inc. or its subsidiaries against any an all damage, loss expense (including attorney's fee) and / or liability sustained by Newforms, Inc. or its subsidiaries by reason of or related to, the above purchaser's failure to perform of to pay when due. Charges incurred in accordance with the above agreement, Newforms, Inc. or its subsidiaries may enforce this agreement against the undersigned or any of them, jointly or severally, whether of not any action is ever taken against the above purchaser. This is a continuing Guaranty and should be valid spite of extensions of time of payment to the purchaser, regardless of amounts paid by the Purchaser, or extensions of additional credit to the Purchaser.

Dated this	day of	, 20	Dated this	day of	, 20
G	UARANTOR (Please	Print)		GUARANTOR	(Please Print)
	GUARANTOR (Signat	ure)		GUARANTO	R (Signature)
				Containtio	(Signature)
	ADDRESS			ADDRESS	
CITY, STATE, ZIP				CITY, STA	ATE, ZIP

Note: For open account the above must be signed.