



Ben Franklin Press

910 S. Hohokam Dr. • Suite 104 • Tempe, AZ 85281
(480) 968-7959 FAX (480) 966-3694

Application for Credit

Firm Name _____

Check One: _____

Proprietorship

Partnership

Corporation

Non-Profit

Individual _____ Phone No.: _____

Address _____

City _____ State _____ Zip _____ Starting Date
Of Business Mo. _____ Yr. _____

REFERENCES

Bank _____ Account # _____

Installment Accounts _____

TRADES: 1) _____ Address _____ Ph: _____ Fx: _____

2) _____ Address _____ Ph: _____ Fx: _____

3) _____ Address _____ Ph: _____ Fx: _____

Signature _____

Financial Statement Attached – Dated _____

INDIVIDUAL PERSONAL GUARANTEE

Date _____

I, _____, residing at _____, for and in consideration of
your extending credit at my request to _____ (hereinafter
(Name of Company)

referred to as the "Company"), of which I am _____, hereby personally guarantee to you the payment
(Title)

at Ben Franklin Press, Inc. in the State of Arizona of any obligation of the Company and I hereby agree to bind myself to pay you on demand
any sum which may become due to you by the Company whenever the Company shall fail to pay the same. It is understood that this guarantee
shall be a continuing and irrevocable guarantee and indemnity for such indebtedness of the Company. I do hereby waive notice of default,
non-payment and notice thereof and consent to any modification or renewal of the credit agreement hereby guaranteed.

Signature _____ Witness: _____

Address _____

Terms: All purchases are due and payable no later than the 10th of the month following statement date. Accounts not paid within 30 days
will be considered delinquent and will be subject to interest charges at the rate of 1.5% per month (annual percentage rate of 18%)
on the unpaid balance. Accounts over 30 days past due will be placed on C.O.D. until paid in full. Collection charges or legal fees
necessary to enforce payment will be added to the balance due.

I agree to abide by the credit terms as stated on this application for credit. Until this application has been approved, all orders will
be handled on a C.O.D. basis.

Signature _____

To be completed by credit department:

Approved on special terms as follows: **1.5% - 10 Days Review in 90 days** Date: _____

After Review consider Regular Terms.

Maximum per month \$ _____

Approved on regular terms of: 1.5% - 10th Credit Limit \$ _____

Disapproved for reasons stated below _____

References checked:

Credit Department

(1) _____ By _____

(2) _____

(3) _____