



FLORIDA GRAPHIC SERVICES

1351 N. Arcturas Avenue, Suite B
Clearwater, Florida 33765
Email: lyork@fgs2.com

Phone: 727-447-9780
Toll Free: 1-877-447-9780
Fax: 727-447-9790

COMPANY NAME: _____

ADDRESS _____

CITY _____ STATE _____ ZIP _____ COUNTRY _____

PHONE _____ FAX _____ E-MAIL _____

CORPORATION _____ PARTNERSHIP _____ SOLE PROP. _____ INDIVIDUAL _____ LLC _____

FEDERAL ID# _____

TAX EXEMPTION _____

NUMBER OF YEARS IN BUSINESS _____ DATE & STATE INCORPORATED _____

NAME OF OFFICER/OWNER _____ TITLE _____

HOME ADDRESS _____

CITY _____ STATE _____ ZIP _____ COUNTRY _____

NAME OF PARTNERS _____

PERSON IN CHARGE OF ACCOUNT PAYABLES _____

CONTACT PHONE # _____

NAME OF BANK _____

ADDRESS _____

PHONE _____ FAX _____ E-MAIL _____

CONTACT PERSON _____ PHONE _____

ACCOUNT NUMBER _____ ACCOUNT TYPE _____

TRADE REFERENCES

COMPANY NAME _____

ADDRESS _____

PHONE _____ FAX _____ E-MAIL _____

CONTACT PERSON _____ ACCOUNT # _____

COMPANY NAME _____

ADDRESS _____

PHONE _____ FAX _____ E-MAIL _____

CONTACT PERSON _____ ACCOUNT # _____

COMPANY NAME _____

ADDRESS _____

PHONE _____ FAX _____ E-MAIL _____

CONTACT PERSON _____ ACCOUNT # _____



May 29, 2018

Page 2

The undersigned is authorized to make this application and to certify that the above statements are true. In the event applicant becomes delinquent, applicant agrees to pay Florida Graphic Services, Inc. late surcharges at 1-1/2 % per month (18% annum), and applicant agrees that Florida Graphic Services, Inc. shall have the right to bring suit against the applicant. If this occurs, applicant agrees to pay the cost of collection, including court costs and attorney fees. Applicant further agrees to give Florida Graphic Services, Inc. permission to make inquires on financial and related matters at applicant's bank supplier or lending firm. The undersigned also authorizes such firms to give same to Florida Graphic Services, Inc. Florida Graphic Services, Inc. reserves the right to revoke credit terms if invoices are not paid within 30 days from invoice date.

The undersigned hereby agree to the above terms and conditions and assumes personal responsibility.

PRINT OWNERS NAME _____ DATE _____

OWNER'S SIGNATURE _____