Date:



Terms: Net 30 Days. Charges of 1.5% per month will be applied to past due invoice.

Corporate Name:					
City:		State:		Zip:	
Phone:	Fax:				
Please check one:	Public Corporation	Private Corporation			
	Partnership	Proprietor	rship		
Type of Business:		Estimated Monthly Printing:			
Bank Reference	S				
Name of Bank		Phone			
Account Number		Bank Person to Contact			
Trade Reference	es				
Company Name		Phone		Contact	
Company Name		Phone		Contact	
Company Name		Phone		Contact	
Officers or Prin	cipals				
Name	Title		Phone		
Name	Title		Phone		
Contact Person					
Name	Title		Phone		

The Undersigned Agrees To The Following Terms:

I/WE CERTIFY THAT THE ABOVE INFORMATION IS CORRECT, THAT THE CREDIT TERMS ARE UNDERSTOOD, AND ATTEST FINANCIAL RESPONSIBILITY. I/WE AUTHORIZE JESSEN PRESS INC. TO VERIFY INFOR-MATION ON ME/US. INCLUDING BANKING HISTORY, INDEPENDENT REPORTS FROM CREDIT REPORTING AGENCIES, AND TRADE REFERENCES. I/WE AGREE TO PROPER PAYMENT INCLUDING FINANCE CHARGES NOT TO EXCEED 1.5% PER MONTH ON ANY BALANCES 30 OR MORE DAYS PAST DUE. I/WE AGREE TO PROPER PAYMENT INCLUDING FINANCE CHARGES NOT TO EXCEED 1.5% PER MONTH ON ANY BALANCES 30 OR MORE DAYS PAST DUE. I/WE AGREE TO PAY ALL COSTS OF COLLECTION INCLUDING REASONABLE ATTORNEY'S FEES INCURRED BY OR ON BEHALF OF JESSEN PRESS, INC. IN CONNECTION WITH THE COLLECTION OR ATTEMPTED COLLECTION OF ANY AND ALL AMOUNTS DUE TO JESSEN PRESS, INC.

By: _____

Title:

(Must be signed by company officer)

Approved By:____