



Intelligent Communication

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CREDIT APPLICATION

Thank you

for the interest shown in **NovaCard**. Please return the completed form to us so that we may have an accurate record of your company for sales and credit purposes. Our credit terms are detailed on the back of this form and must be signed and dated. If you need further information, please contact our accounting department.

THE FOLLOWING INFORMATION MUST BE COMPLETED SO THAT THIS APPLICATION CAN BE PROCESSED.

How did you hear about NovaCard? _____

DATE	TELEPHONE	FAX #	YEAR FIRM STARTED BUSINESS							
()	()	()								
LEGAL ENTITY OF FIRM	CORPORATION	PARTNERSHIP	PROPRIETORSHIP	TYPE OF BUSINESS	FORMS DIST.	FORMS MFG.	QUICK PRINTER	COMMERCIAL PRINTER	OFFICE SUPPLY	OTHER
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
FEDERAL ID #				ARE YOU EXEMPT FROM SALES TAX?			YES	NO		
							<input type="checkbox"/>	<input type="checkbox"/>		
BASIC INFORMATION					BILLING INFORMATION					
FIRM NAME					FIRM NAME					
STREET ADDRESS					STREET ADDRESS					
CITY - STATE - ZIP					CITY - STATE - ZIP					

INFORMATION ON OFFICERS, PARTNERS OR OWNER			
NAME	TITLE	HOME ADDRESS	PHONE NO.
			()
	SOCIAL SECURITY NUMBER	CITY/STATE/ZIP	()
			()
			()
	SOCIAL SECURITY NUMBER	CITY/STATE/ZIP	()
			()

PEOPLE TO CONTACT IN MATTERS RELATING TO:	NAME	PHONE NUMBER
SALES AND SALES PROMOTION		
FINANCIAL		

THREE LARGEST VENDORS DURING THE LAST 12 MONTHS			
NAME	ADDRESS	PHONE NUMBER	FAX NUMBER
		()	()
		()	()
		()	()

BANK CREDIT INFORMATION REQUEST			
BANK NAME	ACCOUNT NO.		
BANK ADDRESS			
CITY	STATE	ZIP	
PHONE # ()	FAX # ()		

REVERSE SIDE MUST BE READ AND SIGNED SO THAT THIS APPLICATION CAN BE PROCESSED.

CREDIT POLICY

PAYMENT TERMS:

NovaCard's payment terms, once credit has been approved, are Net 30. This means the entire amount is due 30 days from the date of the invoice. If credit has not been approved, you will be required to prepay the invoice prior to delivery. The amount to be prepaid will be based on type of work produced, rush charges, and estimated shipping cost. (If paying by check, please allow 5 working days for the check to clear.)

Applicant's signature attests personal financial responsibility, ability and willingness to pay all invoices in accordance with our terms and conditions as outlined on this application.

Authorized Individual (Printed)

Date

Authorized Individual (Signature)

CREDIT CHECKING:

Our needs for credit information from you vary depending upon the type of credit arrangement you desire.

The basic information needed for opening a new account consists of trade references and a bank reference. Based upon your payment history with existing suppliers, the Credit Manager will set an upper limit for your initial line of credit. After we have developed a history with you, we may increase or decrease the credit line in accordance with your credit requirements and payment record. You will be notified once your credit application has been approved and advised of the terms of the agreement.

Note: We will contact you immediately upon receipt of an order which causes your account to exceed the established credit line or if there are invoices on the account which exceed 45 days. Should this happen, it may be necessary for us to request a payment on account before we process the order.

If a credit application is not on file, all orders will be on a prepayment basis. A check for prepay orders must be received prior to orders shipping. Orders may also be shipped COD with an additional charge per carton.

INVOICING AND STATEMENTS:

Each order will be billed to you immediately after shipment. You will also receive a statement each month showing your account status.

PAYMENTS AND FEES:

NovaCard requests payment by invoice. Please return a copy of the invoice with your check to the mailing address indicated on your invoice; this practice will help to speed the posting of your payment and prevent delays in processing subsequent orders which might otherwise cause the established credit limit to be exceeded.

Note: Please be advised that if payments are not received in a timely manner, you will be subject to having all future orders held and/or having all shipments stopped. A finance charge of 2% per month (annual percentage rate of 24%) or the highest amount allowed by law may be added to your account on all past due amounts. Additionally, a fee of \$25.00 will be assessed for all checks returned due to non-sufficient funds. If your account must be turned over to collections, a fee for our costs will be added to your account.

CREDIT MANAGER:

Our Credit Manager has been trained to serve your needs and is willing to work with you if problems arise. Occasionally, errors are made. Our Credit Manager is more than willing to help you with a problem of this nature. Communicating with us regarding such problems will avoid misunderstandings which could impair your credit rating.