



8410-B Tuscany Way
 Austin, TX 78754
 512-454-6874 Phone
 512-371-0431 Fax

Charge Account Application

BUSINESS INFORMATION

The following information is necessary to set up an account.
 Applications that are not filled out completely will not be accepted.

Account Name: _____ Today's Date: _____

Company Website Address: _____

Delivery Address: _____ City/State/ZIP: _____

Billing Address: _____ City/State/ZIP: _____

Sales tax status: Non-exempt Exempt (must attach exemption certification) Purchase Orders Required? Yes No

Primary contact for your printing & copying needs

Name: _____ Title: _____

Phone: _____ Fax: _____ E-mail: _____

Accounts Payable Contact: _____ Title: _____

Phone: _____ Fax: _____ E-mail: _____

Principal's Name: _____ Title: _____ SSN: _____

Home Address: _____ City/State/ZIP: _____

How long in business? _____ Under this name? _____

Have you filed for bankruptcy within the past seven years? No Yes (If yes, please attach explanation.)

Bank Reference: _____ Checking Acct #: _____

Bank Officer: _____ Phone: _____

Local Trade References (Please list two commercial trade references. Personal charge accounts and accounts which have been active less than three months or inactive more than one year are not acceptable)

Firm 1: _____ Firm 2: _____

Address: _____ Address: _____

Account #: _____ Phone: _____ Account #: _____ Phone: _____

Type of Business

- | | |
|--|--|
| <input type="checkbox"/> AD Advertising/Design Photo | <input type="checkbox"/> HR Hotel/Restaurant/Bar |
| <input type="checkbox"/> AE Architecture/Engineering | <input type="checkbox"/> IN Insurance |
| <input type="checkbox"/> AF Accounting/Financial | <input type="checkbox"/> LL Lawyer/Legal Services |
| <input type="checkbox"/> AP Appraisal/Title | <input type="checkbox"/> MF Manufacturing |
| <input type="checkbox"/> CB Contractor/Builder | <input type="checkbox"/> MD Medical/Psych. Services |
| <input type="checkbox"/> CH Church/Religious Group | <input type="checkbox"/> OG Oil and Gas |
| <input type="checkbox"/> CN Consultant | <input type="checkbox"/> OR Organization/Association |
| <input type="checkbox"/> CO Computer Hardware/Software | <input type="checkbox"/> PB Publishing/Printing |
| <input type="checkbox"/> DI Distributor/Wholesaler | <input type="checkbox"/> RY Real Estate Broker/Developer |
| <input type="checkbox"/> ED Educational Institution | <input type="checkbox"/> RE Retail |
| <input type="checkbox"/> GB General Business | <input type="checkbox"/> TC Telecommunications |
| <input type="checkbox"/> GG Gov't Grants/Agencies | <input type="checkbox"/> TA Travel Agency/Theatre |

How did you learn of Ginny's?

- | | |
|--------------------------------------|--|
| <input type="checkbox"/> YellowPages | <input type="checkbox"/> Magazine/Newspaper Ad |
| <input type="checkbox"/> Direct Mail | <input type="checkbox"/> Sales Representative called |
| <input type="checkbox"/> Radio/TV | <input type="checkbox"/> Saw store/sign |
| <input type="checkbox"/> Billboard | <input type="checkbox"/> Referred by friend |
| <input type="checkbox"/> Used before | <input type="checkbox"/> Other: _____ |

Organizational Structure

- Proprietorship Corporation Non-profit Corporation
 City/State/Federal agency Other: _____

YOUR SIGNATURE INDICATES YOU UNDERSTAND AND AGREE TO THE FOLLOWING TERMS AND CONDITIONS:

A copy of each invoice is rendered each time a charge purchase is made. Statements listing all charged invoices will be mailed to you monthly. Invoices are due within 30 days of the invoice date. All invoices listed will have been charged on or prior to the last day of the previous billing cycle. Accounts which are not kept current will incur a monthly service charge of 1.5% of the past due balance. Billing adjustments must be requested in writing within ten days of the statement date. Otherwise, you agree to pay as invoiced. As an inducement and requirement for the extension of credit pursuant to this application, the undersigned individually and unconditionally guarantees prompt payment of all indebtedness of the business entity named hereon. Should this account be referred to an outside agency or attorney for collection, the undersigned agrees to pay all attorneys fees and other costs incurred by Ginny's Copying Service, Inc. as a result. The place of venue for any and all collection activity shall be in Austin, Travis County, Texas, according to the laws of the State of Texas.

I hereby authorize the above named credit references to furnish credit information to Ginny's Copying Service, Inc., for the purposes of processing this application, and I agree that these firms or institutions and/or individuals connected with them shall not be liable for any claim or damages as a result of furnishing any requested credit information.

I UNDERSTAND AND AGREE TO THE ABOVE TERMS,

Signature (for Company and Guarantor)

Printed name

Title

Date