



ACTION PRINTING

N6637 Rolling Meadows Drive
PO Box 1955
Fond du Lac, WI 54936-1955
Phone 920-922-8650
Nationwide 800-472-0337

CREDIT APPLICATION

SALES REP _____

\$ AMOUNT REQUESTED _____

COMPANY NAME _____ DATE _____

ADDRESS _____

CITY _____ STATE _____ ZIP _____

TELEPHONE # _____ FAX # _____

FEDERAL TAX ID # _____

TYPE OF BUSINESS _____ DATE BUSINESS BEGAN _____

CORPORATION _____ SOLE PROPRIETORSHIP _____ PARTNERSHIP _____

OWNER/OFFICER _____ OWNER/OFFICER _____

TITLE _____ TITLE _____

SIGNATURE _____ SIGNATURE _____

TERMS: Terms will be determined upon completion of this Credit Application.

PERSONAL I/We, the undersigned, do hereby guarantee payment, as individual, of any indebtedness

GUARANTY: incurred by virtue of any and all credit extended in accordance with the above agreement and all of its term and conditions.

GUARANTOR NAME _____ S.S.# _____

SIGNATURE _____ DATE _____

GUARANTOR NAME _____ S.S.# _____

SIGNATURE _____ DATE _____



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BANK REFERENCE

NAME _____
ADDRESS _____
CITY, STATE, ZIP _____
TELEPHONE # _____
FAX # _____
CONTACT _____
CK ACCT # _____
SAVINGS ACCT # _____

TRADE REFERENCES

NAME _____
ADDRESS _____
CITY, STATE, ZIP _____
TELEPHONE # _____
FAX # _____
CONTACT _____

NAME _____
ADDRESS _____
CITY, STATE, ZIP _____
TELEPHONE # _____
FAX # _____
CONTACT _____

NAME _____
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AUTHORIZATION TO RELEASE CREDIT INFORMATION

I hereby authorize the trade reference organization to release credit related information to Action Printing of Fond du Lac, WI. I understand that Action Printing will use this information for the sole purpose of determining credit terms and that this information will be kept CONFIDENTIAL.

BUSINESS NAME _____

SIGNATURE _____

TITLE _____

DATE _____

Action Customers: Please sign the above Authorization to Release Credit Information form so that we may obtain the appropriate information from your credit references. We will send copies of the signed form to those references who require written requests for credit information.



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YOUR BILLING RIGHTS - KEEP THIS NOTICE FOR FUTURE USE

This notice contains important information about your rights and responsibilities under the Fair Credit Billing Act.

NOTIFY US IN CASE OF ERRORS OR QUESTIONS ABOUT YOUR BILL:

If you think your bill is wrong, or you need more information about a transaction on your bill, please write us on a separate sheet of paper at the address listed above.

We must hear from you no later than 60 days from the date of the first invoice sent to you.

In your letter, please include the following information:

Your name and account number

The dollar amount of the error in question

Description of the error and why you believe this to be an error.

YOUR RIGHTS & OUR RESPONSIBILITIES AFTER WE RECEIVE YOUR WRITTEN NOTICE:

We must acknowledge your letter within 30 days, unless we have corrected the error by then.

Within 90 days, we must either correct the error or explain why WE believe the bill was correct.

After we receive your letter, we cannot try to collect any amount you have in question, or report you as delinquent. We can continue to bill you for the amount you question and can apply any unpaid amount against your credit limit. You do not have to pay any questioned amount while we are investigating, BUT you are still obligated to pay the parts of your bill that are not in question.

If we find that we made a mistake on your bill, you will not have to pay finance charges related to any questioned amount. If we didn't make a mistake, you may have to pay finance charges and you will have to make up any missed payments on the questioned amount. In either case, we will send you a statement of the amount you owe and the date that it is due to us.

If you fail to pay the amount that we think you owe us, we may report you as delinquent.

However, if our explanation does not satisfy you and you write to us within 10 days telling us that you still refuse to pay, we must tell anyone we report you to that you have a question about your bill. When we settle the amount between you and our company, we must tell the reporting agency we reported you to that the matter has been resolved.

If we don't follow these rules, we cannot collect the first \$50 of the questioned amount, even if your bill was correct.

I hereby acknowledge receipt of a copy of this disclosure notice.

Officer signature

Title

Date