MONTROY

CONFIDENTIAL CREDIT APPLICATION

A FACSIMILE COPY OF THIS APPLICATION DEEMED AN ORIGINAL FOR ALL PURPOSES. CREDIT APPLICANT KNOWINGLY WAIVES ANY CONTRARY CLAIM, AND EXPRESSLY ACKNOWLEDGES THAT MONTROY SUPPLY COMPANY MAY RELY UPON THE FACSIMILE SIGNATURE CONTAINED IN THIS APPLICATION AS IF IT WERE AN ORIGINAL.

We appreciate the opportunity to serve you. To process you on an open and/or C.O.D. account, please fill out the required information completely and sign on the appropriate line.

Amount of credit requested: $ _____

Firm Name _____

Address _____

_____

Tel. No. (____) _____ Fax (____) _____

Federal ID# _____ Date Business Opened _____

Landlord's Name & Address _____

_____

Bond No. - Name/Address of Co. _____

_____

Please attached a list of all other stores or outlets or list below: _____

_____

_____

_____

Type of business: ❒ Proprietorship ❒ Partnership ❒ Corporation

List all owners or officers including home addresses, telephone numbers, and social security numbers.

Name _____ ❒ Pres. ❒ V.P.

Address _____ ❒ Sec. ❒ Owner

_____

Home Tel. (____) _____ S/S # _____

Name _____ ❒ Pres. ❒ V.P.

Address _____ ❒ Sec. ❒ Owner

_____

Home Tel. ( ) _____ S/S # _____

Name _____ ❒ Pres. ❒ V.P.

Address _____ ❒ Sec. ❒ Owner

_____

Home Tel. (____) _____ S/S # _____

Name _____ ❒ Pres. ❒ V.P.

Address _____ ❒ Sec. ❒ Owner

_____

Home Tel. (____) _____ S/S # _____

LIST FOUR TRADE REFERENCES:

1. _____ Tel. (____) _____

Address _____

2. _____ Tel. (____) _____

Address _____

3. _____ Tel. (____) _____

Address _____

4. _____ Tel. (____) _____

Address _____

BANK REFERENCE: Account # _____ Tel. (____) _____

Bank Name _____

Address _____

Payment on all orders is due as indicated on invoices. A service charge of 1½% per month will be assessed on the unpaid balance due after 45 days. A service charge of $20.00 will be added for all returned checks.

Should Montroy Supply Co. (Montroy) find it necessary to pursue collection measures on a delinquent balance, either through an attorney, and/or collection agency; then all invoices regardless of maturity dates will also become due and payable at the same time that said collection measures are taken. In the event Montroy shall be required to retain or hire any attorney to collect such past due obligations and costs referred to herein, the Customer shall pay Montroy's attorneys fee incurred as a result of such collection services, in addition to all sums owed to Montroy by Customer.

All statements made herein are true and accurate to the best of our knowledge. We authorize Montroy to make any and all inquiries necessary for action on this credit application. We hereby indemnify Montroy and its agents from any liability resulting from their credit survey.

_____ _____

Legal Signature Title Legal Signature Title

To Our Customers: In compliance with Sales and Use Tax law, it is necessary that we have from all our customers, a signed resale certificate with their state sales tax permit number to show that the merchandise has been purchased for resale. Please fill out the certificate below in it's entirety. Thank you.

RESALE CERTIFICATE

I HEREBY CERTIFY: I hold seller's permit No. _____ issued pursuant to the Sales and Use Tax Law; that I am engaged in the business of selling;

_____

That the tangible personal property described herein which I shall purchase from **Montroy Supply Company** will be resold by me in the form of tangible personal property; I further certify that in the event any of the property is used for any purpose other than retention, demonstration or display while I am holding it for sale in the regular course of business, it is understood that I am required by the Sales and Use Tax law to report and pay for the tax, measured by the purchase price of such property.

Description of the property to be purchased:

_____

_____

_____

_____

NAME OF PURCHASER

_____

ADDRESS OF PURCHASER

_____

SIGNATURE OF PURCHASER OR AUTHORIZED AGENT DATE

MONTROY
SIGN & GRAPHIC PRODUCTS

PAPERLESS BILLING AUTHORIZATION FORM

Montroy Customer ID #_____ Your Vendor ID for Montroy _____

Company Name: _____

Main Address: _____

_____

Phone Number: _____

A/P Contact Name & Title: _____

Email Address: _____

Please provide frequency of payment schedule (Circle one): Weekly / Bi-Weekly / Monthly

Invoice(s) and Statement will be sent to the following email address:

_____ (You may leave blank if it is the same as the A/P email address).

**Multiple email addresses can be used.*

I authorize Montroy Supply Co. to email my A/R Correspondence. I agree that is my responsibility to review the Monthly Statement. I further agree to notify Montroy Supply Co. of any changes to my mailing address, email address or contact information. Failure to notify Montroy Supply Co. of any changes or failure to receive the bill does not waive penalties or fees and the account will still be subject to Credit Hold due to non-payment.

Signature & Title _____ Date: _____

Once you sign up for paperless your A/R Correspondence will be emailed to the email address you have provided. There are no charges for going paperless. ACH Bank Draft is a great complement to paperless billing, making it even more convenient. ACH Forms can be requested via email: remit@montroy.com

If you do not receive an email: Check your spam folder, deleted mail folder, or junk folder.

Please give us a call if you are having problems with receiving or viewing your paperless bill (562) 997-2920.