



immedia Credit Application
A Division of Mailmedia, Inc.

The undersigned hereby makes this application for credit to immedia, a division of Mailmedia, Inc., and in making this application the applicant agrees to be bound by all of the terms and conditions contained in this application. In the event that information received is insufficient to make a credit decision, we may require additional information including financial statements.

Company Information

Legal Company Name: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Fax: _____

Website: _____ E-Mail: _____

Physical Address: _____

City: _____ State: _____ Zip: _____

Business Type: Corporation: _____ Partnership: _____ Proprietorship: _____ LLC: _____

Years Business Established: _____ Federal Tax I.D. _____

Date Incorporated: _____ State of Incorporation: _____

Registered Agent: _____

Address: _____ Phone: _____

City: _____ State: _____ Zip: _____

Parent Company or Affiliation: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Accounting Information

Accounts Payable Contact: _____

Phone: _____ Fax: _____ E-mail: _____

Do you require a purchase order? Yes: _____ No: _____

Authorized Purchasers:

Name: _____ Title: _____

Name: _____ Title: _____

Are your purchases exempt from Washington State Sales Tax: Yes: _____ No: _____

If yes, please attach a Washington State Resale Certificate. All accounts will be charged sales tax unless a resale certificate is on file.

Bank Information

Bank Name: _____ Branch: _____

Address: _____ Phone: _____

City: _____ State: _____ Zip: _____

Type of Accounts: Checking: _____ Savings: _____ Loans: _____ Credit Line: _____

Contact: _____

Trade References

Company Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Contact: _____ Average Credit Balance: _____

Phone: _____ Fax: _____

Company Name: _____



Address: _____
 City: _____ State: _____ Zip: _____
 Contact: _____ Average Credit Balance: _____
 Phone: _____ Fax: _____

Company Name: _____
 Address: _____
 City: _____ State: _____ Zip: _____
 Contact: _____ Average Credit Balance: _____
 Phone: _____ Fax: _____

Principal/Owner/Officer Information

Please list names of all principal Owners, Officers and Directors below.

Complete Name: _____
 Title: _____ Phone: _____
 Home Address: _____
 City: _____ State: _____ Zip: _____
Complete Name: _____
 Title: _____ Phone: _____
 Home Address: _____
 City: _____ State: _____ Zip: _____

Terms and Conditions

Client agrees to pay all invoices within 30 days of the invoice date or as otherwise set forth on the invoice. Terms cannot be changed by client purchase order or verbal agreement without prior written approval by an officer of immedia. In the event that payment is not received when due, this agreement shall be considered in default. Immedia may impose and collect finance charges on any delinquent amounts at the rate of 1½ percent per month. Additionally, the applicant agrees to be liable for all internal and external collection costs, including, but not limited to, court costs and attorney’s fees in connection with any amounts placed for collection by immedia. In the event that a lawsuit is necessary to enforce any obligation, client agrees that proper jurisdiction and venue for such suit shall be Pierce County, Washington at the option of immedia.

The person(s) signing this application certify that all of the information contained in this application and any attachment or amendment is true, correct and complete to the best of their information, knowledge and belief. The applicant acknowledges and agrees that immedia may utilize outside credit reporting services to obtain information in order for immedia to evaluate the initial credit decisions with respect to the applicant and all ongoing credit decisions thereafter.

Authorized Signature: _____
 Print Name and Title: _____
 Date: _____

Personal Guarantee

Notwithstanding that this application is made in the name of a company, your signature below personally guarantees payment of all amounts when due. This is a continuing guaranty of payment and not of collection. Immedia may enforce guarantor(s) obligations hereunder without first suing or enforcing any rights or remedies against the company. Guarantor represents and warrants that he/she has a direct ownership in the company and he/she will receive direct or indirect benefit from providing this Guaranty. Additionally, signing of this guaranty shall constitute authorization under the Fair Credit Reporting Act for immedia to utilize consumer credit reporting agencies to provide reports on said individual(s) in order to permit immedia to appropriately evaluate the extension of any business credit to the applicant.

Guarantor Signature: _____
 Print Name: _____
 Home Address: _____
 City: _____ State: _____ Zip: _____
 Home Phone: _____ Social Security #: _____
 Date: _____