

Customer Information

Business Name		
Address		
City	State	Zip
Business Telephone Number	Cell Phone Number	
Business Fax Number	Business E-mail Address	
Taxpayer Identification Number	Resale Tax Certificate Number	

May we send you promotional, marketing or education information? Mail E-mail No, thank you

Owner Information

Name		
Address		
City	State	Zip
Title	Home Telephone Number	
Social Security Number	E-mail Address	
Name		
Address		
City	State	Zip
Title	Home Telephone Number	
Social Security Number	E-mail Address	

Have any UCC's been filed/pledged/collateralized with respect to your inventory, accounts receivable, equipment, property and/or intangibles? Yes No

Have you ever declared bankruptcy or been declared bankrupt? Yes No

Have you ever been an officer or principal shareholder in a dissolved, bankrupt or defunct corporation? Yes No

Optional Business Information *(If established more than 12 months)*

Sales	Net Income
Total Assets	Total Liabilities
Number of Employees	Retail Square Footage

This information will remain the exclusive property of Larson-Juhl and will be held in strict confidence.

Billing Preference

Check One:		
<input type="checkbox"/> Epay (Elec. Paymnt)	Bank Routing Number	Bank Account Number
<input type="checkbox"/> Credit Card	<input type="checkbox"/> MasterCard <input type="checkbox"/> VISA <input type="checkbox"/> AmEx Card No.: Exp. date:	Name on Card (exactly as it appears): Billing address: Zip:
<input type="checkbox"/> Open Credit Account	Credit Limit Required	

Customer Information

Date Business Established	Application is for (check one) <input type="checkbox"/> Proprietorship <input type="checkbox"/> Partnership <input type="checkbox"/> Limited Partnership <input type="checkbox"/> Corporation <input type="checkbox"/> LLC If incorporated, which state? _____		
Accounts Payable Representative's Name	Title	Telephone Number	
Name of Business Bank	Account Number (checking, savings or loan)		
Address	City	State	Zip
Bank's Telephone Number	Bank Officer or Personal Banker's Name		
Trade Reference Name	Account Number		
Address	City	State	Zip
Telephone Number	Fax Number		
Trade Reference Name	Account Number		
Address	City	State	Zip
Telephone Number	Fax Number		

I (we), hereby certify that the above information, including without limitation the above purpose is true, correct and complete. I (we) hereby authorize such credit inquiries as may be deemed necessary to confirm and investigate my (our) income, liabilities, credit and financial responsibility, both as individual(s) and a business organization. I (we) hereby consent to the release and disclosure to Larson-Juhl of the above information by those inquiries.

TERMS: All accounts are subject to approval from the Larson-Juhl Credit Department. I (we) acknowledge that this contract cannot be transferred or assigned without the written consent of Larson-Juhl. Payments are due and payable in accordance with invoiced terms. I (we) agree to pay a late charge on all past due balances, which charge will be the lower of (a) 1-1/2 percent per month or a portion thereof (18% annually) or (b) the highest rate that legally may be charged by you in the state/country where I (we) conduct business. If I (we) fail to pay you on time, cash discounts will be lost and you can require immediate payment of my (our) entire balance. If my (our) account is referred for legal action, I (we) will pay reasonable court costs and attorney fees as permitted by law. PRICES SUBJECT TO CHANGE WITHOUT NOTICE. ALL CLAIMS MUST BE MADE IMMEDIATELY UPON RECEIPT OF GOODS.

Authorized Signature	Date	Co-Signature (partner, spouse, etc.)	Date
Please Print Name		Please Print Name	

Joint Personal Guarantee

I (We), _____ (and _____ his/her spouse), (each individually referred to as "Guarantor", collectively as "Guarantors"), residing at _____ (Name of Company), (hereinafter referred to as the "Company") of which I am the _____ (Title), hereby agree(s) to be personally and individually liable to Larson-Juhl for any amount due and owing to Larson-Juhl by Company ("Debt").

The undersigned hereby agree(s) to guarantee any and all Debt incurred by the Company if such Debt is not paid in full in accordance with the terms stated in this credit application, any respective invoice or as otherwise agreed to in writing among the parties. Guarantors shall be jointly and severally liable for the Debt plus all interest and carrying charges, attorney's fees incurred in collection of the Debt and other collection costs. The undersigned agree(s) that this Guarantee is given in consideration of Larson-Juhl's extension of credit and as an inducement to Larson-Juhl to extend such credit to Company. The undersigned understand(s) that he (they) will not individually be mailed copies of billing or invoices of Company, and that this Guarantee shall be a continuing and irrevocable Guarantee and indemnity for the Debt of the Company. Guarantor(s) shall not be relieved or discharged of their obligations hereunder except upon payment of Debt in full. The undersigned hereby further agree(s) to waive notice of default or non-payment, and consent(s) to any modification or renewal of the credit agreement hereby guaranteed. **I (we) have read the above and understand the contents of this document and agree to guarantee personally and individually the Debt of the Company in full.**

Dated this _____ day of _____, 20_____

Guarantor(s)

Witness