

Sign, Graphic & Equipment Supply



WWW.FAR-FROM-NORMAL.COM

CREDIT APPLICATION

Name of Business:	
Address:	
City, State, Zip:	
Telephone:	
Fax:	
E-Mail	
Business Owner:	
Type of Business:	
Date Opened:	
Tax ID Number:	
Bank Information	
Name of Bank:	
Contact:	
Address of Bank:	
City, State, Zip:	
Telephone:	

ND - Corporate Office 1318 39th St. NW Fargo, ND 58012 800-877-1907 800-332-1174 (Fax)

KS Branch 212 South Hydraulic St.

Suite 100 Wichita, KS 67211 316-440-2892 316-440-2894 (Fax) SD Branch

705 North Derby Lane North Sioux City, SD 57049 1-877-433-6336 605-780-0211 (Fax)

KY Branch

3311 Gilmore Industrial Blvd. Suite B Louisville, KY 40213 888-694-4356 502-636-0127 (Fax) MN Branch

4455 White Bear Lake Pkwy Suite 100 White Bear Lake, MN 55110 651-653-5840 651-303-4860 (Fax)

IN Branch

221 S. Franklin Rd. Suite 720 Indianapolis, IN 46219 317-631-0123 317-405-9125 (Fax)

Credit References			
Name:			
Address:			
City, State, Zip:			
Telephone:			
Fax:			
Name:			
Address:			
City, State, Zip:			
Telephone:			
Fax:			
Name:			
Address:			
City, State, Zip:			
Telephone:			
Fax:			
Have you ever filed	for Bankruntcy?	Yes	No
If yes, explain:			
Are you a defendant	t in a legal action?	Yes	No
Have you ever guara	anteed any other debt?	Yes	No
Have you ever had a	any item repossessed?	Yes	No
If yes, explain:			
	ne above information is true ar		
Date:			

Net 30 Terms and Conditions

- All purchases are Net 30 day's terms. We accept check, cashier's check, money order, cash, or credit card.
- If using a credit card for your purchase(s), they must be processed at the time of purchase or a 3% convenience fee will be assessed.
- A 1.5% (18% APR) service charge will be assessed to accounts over 30 days past due.
- Shipping charges are nonrefundable and a 25% restocking fee will be charged on authorized returned items.
- Inactive accounts will be closed at Far From Normal Supply, Inc. discretion.

By signing this application, the undersigned agi	rees to the above-mentioned terms.
Print Name & Title:	
Signature:	
Date:	

Individual personal guarantee to Far From Normal Supply, Inc.

l,	,
residing at	,
for and in consideration of your extending credit at my request to	
(herein after referred to as the "Company") of which I am (title	—' е),
hereby personally guarantee to you the payment at the Far From Normal Supp	ply
Inc. location listed on the front of this application, of an obligation of t	the
company. I herby agree to bind myself to pay you on demand any sum whi	ich
may become due to you by the Company whenever the Company shall fail to p	зау
the same. It is understood that this guarantee and indemnity for su	uch
indebtedness of the Company. I do hereby waive notice of default, nonpayme	ent
and notice thereof and consent to any modification or renewal of the cre	edit
agreement hereby guaranteed.	
In case action is begun by Far From Normal Supply, Inc., to enforce an obligation	ion
under this guarantee, the undersigned promises to pay a reasonable attorney's	3
fee in such action. If any reason Far From Normal Supply, Inc., shall institu	ute
any suit or action for the enforcement of any obligation by the undersign	ned
including payment of monies owed, the venue of any such suit or action may,	, at
the option of Far From Normal Supply, Inc., be made in the City, State, Coun	nty
of the branch location indicated on the front of this application.	
Print Name and Title:	
Signature:	
Date:	
Witness Print Name:	
Signature:	
Date:	

Authorization to release information

The undersigned authorizes Far From Normal Supply, Inc., to contact our creditors, along with trade and bank references for credit information. We further authorize said creditors and references to release our credit information to Far From Normal Supply, Inc. Copies of this authorization are acceptable. Credit information may include a current balance sheet and/or profit and loss statement and is to be considered confidential.

Print Name and Title:	
Signature:	
Date:	