

4205 Lindbergh Drive • Addison, Texas 75001
 972-701-8566 or 800-446-8368 • FAX 972-701-0968 or 800-336-8329

Date: _____

Company Name: _____ Phone No: _____

Company Location: _____ Fax No: _____

_____ Additional Phone No.: _____

Mailing Address: _____

Year Established: _____ Sole Proprietorship Partnership Corporation

Proprietorship: Owner: _____

Home Address: _____ Home Phone: _____

_____ Additional Phone No.: _____

Partnership: List partners' full names, home addresses and phone numbers:

Name	Address	Phone
_____	_____	_____
_____	_____	_____
_____	_____	_____

Corporation: List officers' full names, home addresses and phone numbers:

Name	Address	Phone
_____	_____	_____
_____	_____	_____
_____	_____	_____

Trade References:

Company Name	Address	Phone	Fax
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Bank Reference:

Bank Name & Contact Person	Account Number	Address	Phone	Fax
_____	_____	_____	_____	_____

DOT Thermography, Inc. sells printing on the following terms with established open account: total balance due within 30 days from invoice date. Applicant hereby agrees to pay DOT Thermography, Inc. at Addison, Texas all indebtedness now or hereafter owed to DOT Thermography, Inc., whether individually, or in partnership or corporation. Applicant applies for credit and will abide by the terms and conditions of DOT Thermography, Inc. as stated above. Failure to pay within these terms will result in a service charge of 18% per year (1.5% per month) as allowed by federal law. Any account which is 30 days delinquent may be served on a C.O.D. basis or placed on Credit Hold. Any account which is 60 days delinquent may be referred to an attorney or collection agency and buyer will be liable for all collections and legal fees incurred.

In consideration of DOT Thermography, Inc. extending credit to the above applicant, the undersigned does hereby individually and personally guarantee to DOT Thermography, Inc., or their assignees, the payments of such sums of money as may at any time hereafter become due to DOT Thermography, Inc. from said signee for goods, wares, merchandise and services sold to the applicant. If it becomes necessary to enforce this guarantee by suit, signee agrees to pay all filing fees, interest and attorney fees allowed by law.

CONFIRMATION OF INFORMATION ACCURACY AND RELEASE OF AUTHORITY TO VERIFY

I hereby certify that the information in this credit application is correct. The information included in this credit application is for use by DOT Terhmography, Inc. in determining the amount and conditions of credit to be extended. I understand that DOT Thermography, Inc. may also utilize the other sources of credit information which it considers necessary in making this determination. Further I hereby authorize the bank and trade references listed in this credit application to release the information necessary to assist DOT Thermography, Inc. in establishing a line of credit.

MUST BE SIGNED BY OWNER, PARTNER OR OFFICER:

Signature / Title _____ Date _____

Signature / Title _____ Date _____