



GIVING  
CREDIT  
WHERE  
CREDIT  
IS DUE.

## CREDIT APPLICATION



# WELCOME TO LITHTEX PRINTING SOLUTIONS

In a business, it can be difficult to confront the sensitive topics of payment terms and policies. Often it is an obstacle of doing business, yet cash flow and profits are the lifeblood of every company.

The following credit application must be completed to establish your company or business as a credit customer with Lithtex, Inc.

## FIRST-TIME CUSTOMERS

First three projects or until credit is established, whichever comes first, will be produced and delivered on a C.O.D. basis.

## CREDIT ACCOUNTS

Please allow 5 to 7 business days for proper credit checks and credit approval/limits. Once credit is approved, a credit limit may be applied to your account.

## METHODS OF PAYMENT

- Cash
- Personal or Business Check

Verification of funds will be completed, prior to final delivery of finished goods on all checks over \$250.

- MasterCard
- Visa
- American Express

All credit cards have a 4% fee. This fee will be added to the cost of the job.

## POSTAGE

All postage must be prepaid to our permit or to yours.

## RETURNED CHECKS

A \$50 fee will be charged on returned checks. If we receive two returned checks, invoicing will be on a cash or credit card basis only.

## INVOICING

Once you or your company has established credit with Lithtex Printing Solutions, we will invoice within 1-5 days after project completion. All invoices must be paid within 30 days of the invoice date.

## SPECIAL PURCHASING REQUIREMENTS

Many of our corporate clients have internal accounting policies which require a Purchase Order before payment is issued for services rendered. If your business has such a policy, please make us aware of this requirement, as we will expect a purchase order number prior to logging the order into our computer management system.

If you have additional comments or concerns please feel free to contact your sales representative or any of the following:

**Les Davis**  
President  
ldavis@lithtex.com

**Peggy Jo Menasco**  
Accounting Manager  
peggym@lithtex.com

Thank you for selecting Lithtex.



6770 NW Century Blvd.  
Hillsboro, OR 97124  
503.641.5367  
503.726.4090 fax  
www.lithtex.com



# CREDIT APPLICATION

ALL INFORMATION MUST BE COMPLETED TO BE ACCEPTED

Date: \_\_\_\_\_

Sales Rep: \_\_\_\_\_

Company Name: \_\_\_\_\_

Address: \_\_\_\_\_ Suite: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

E-Mail: \_\_\_\_\_

**THIS INFORMATION WILL BE HELD IN THE STRICTEST CONFIDENCE AND USED ONLY BY OUR CREDIT DEPARTMENT.**

Type of Ownership:  Corporation  Partnership  Sole Proprietor  LLC/LLP D&B Number: \_\_\_\_\_

Name of Principal/Owner: \_\_\_\_\_ Title: \_\_\_\_\_

EIN: \_\_\_\_\_ Year Est.: \_\_\_\_\_ Credit Requested: \$ \_\_\_\_\_

Accounts Payable Contact: \_\_\_\_\_ Phone: \_\_\_\_\_

Do you require (PLEASE CHECK ALL THAT APPLY):  Purchase Orders  Job Numbers

### BANK REFERENCE

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Suite: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Bank Officer: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

### CREDIT/TRADE REFERENCE

FOUR REQUIRED - CREDIT CARD REFERENCE NOT ACCEPTED

1. Name: \_\_\_\_\_

Address: \_\_\_\_\_ Phone: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ Fax: \_\_\_\_\_

2. Name: \_\_\_\_\_

Address: \_\_\_\_\_ Phone: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ Fax: \_\_\_\_\_

3. Name: \_\_\_\_\_

Address: \_\_\_\_\_ Phone: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ Fax: \_\_\_\_\_

4. Name: \_\_\_\_\_

Address: \_\_\_\_\_ Phone: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ Fax: \_\_\_\_\_

X: \_\_\_\_\_  
SIGNATURE OF AUTHORIZED OFFICER DATE

\_\_\_\_\_  
PRINTED NAME TITLE

**Standard Terms and Conditions Applicable to All Sales by Lithtex, Inc.**

Purchaser Agrees to be bound by the following Standard Terms and Conditions on all transactions Purchaser has with Lithtex, Inc. from the date of this Agreement forward:

1. Finance Charges: A finance charge of one and one-half (1½%) percent per month, which equals an annual rate of eighteen (18%) percent will be levied by the Seller on any balance due under a contract, or any portion thereof, which remains unpaid more than thirty (30) days after the date of the initial invoice.
2. If failure to pay according to the terms of this agreement causes this account to be assigned to collection, or should an action at law be instituted to collect, the buyer agrees to pay reasonable attorney’s fees and court costs. Seller is authorized to investigate buyer’s credit record and report buyer performance to proper persons and credit agencies.
3. Purchaser’s Duty of Inspection: The Purchaser agrees to inspect the goods that are invoiced to Purchaser immediately upon their arrival at the location requested by Purchaser and shall, within ten (10) days of such arrival, give written notice to the Seller of any claim that the goods did not conform with the terms of the contract. If Purchaser fails to give such notice, the goods shall be deemed to conform with the terms of the contract and the Purchaser shall be bound to accept and pay for said goods in accordance with the terms of the contract. Purchaser expressly waives any right it may have to revoke acceptance after said ten (10) day period.
4. Applicable Law: The Purchaser and Seller agree that all aspects of this contract will be interpreted and construed according to the laws of the State of Oregon. The Purchaser agrees that in no event will the Seller be liable for direct, indirect or consequential damages or for injury resulting from any defective or non-conforming goods or for any other loss, damage or expense of any kind, including loss of profits arising in connection with this contract or with the use of or inability to use the product or display furnished under this contract.

The terms and conditions contained herein are acceptable to Purchaser.

X: \_\_\_\_\_ DATE \_\_\_\_\_  
 SIGNATURE OF AUTHORIZED OFFICER

\_\_\_\_\_  
 PRINTED NAME TITLE

**PLEASE RETURN TO: Peggy Jo Menasco - Accounting Manager**  
 6770 NW Century Blvd. Hillsboro, OR 97124  
 Voice (503) 726-4154 • Fax (503) 726-4090 • peggym@lithtex.com

**For Credit Dept. Use Only:**     Credit Approved    \$ \_\_\_\_\_ Limit     Terms \_\_\_\_\_ Date

Refused    Date: \_\_\_\_\_    Reason: \_\_\_\_\_



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