



MORAN PRINTING, INC.
 5425 Florida Boulevard • Baton Rouge, LA 70806
 (225) 923-2550 • (800) 211-8335 • FAX: (225) 923-1078
 Email: acct@emprint.com

Confidential Credit Application

We hereby apply for the extension of credit by your firm and submit the following information as a basis for your consideration of our application. You are hereby authorized to investigate this information pertaining to our credit and financial responsibility.

| | | | | | |
|--|---|---------------------|------|--|-----|
| Legal Name of Entity | | | | Phone | |
| Operating or Trade Name (dba) | | | | Date | |
| Street | | | City | State | Zip |
| Type of Business | Sales Tax Exempt <input type="checkbox"/> Yes <input type="checkbox"/> No | State Exemption No. | | City/Parish Exemption No. | |
| <input type="checkbox"/> Corporation <input type="checkbox"/> Partnership <input type="checkbox"/> Limited Partnership <input type="checkbox"/> Proprietorship | | Date Started | | If incorporated, state in which incorporated | |
| Principal Owners or Stockholders: | | | | | |
| Name | | Street | City | State | Zip |
| Name | | Street | City | State | Zip |
| If branch office only, indicate home office address | | | | | |
| Street | | | City | State | Zip |
| Phone | Invoices to be sent to: <input type="checkbox"/> Home Office <input type="checkbox"/> Branch Office <input type="checkbox"/> Both | | | | |

List any specific billing instructions below, including need for purchase orders and extra copies of invoices.

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TRADE REFERENCES: *(You may attach a prepared list, if available.)*

| Name | Street | City | State | Zip | Phone |
|--------------|--------|------|-------|-----|-------|
| | | | | | |
| | | | | | |
| Name of Bank | Street | City | State | Zip | Phone |

Applicant's signature attests financial responsibility, ability and willingness to pay our invoices in accordance with our terms of net 30. Should it be necessary to place this account for collection, I/we agree to pay all collection costs and attorney fees.

I/we also agree if partial payments are made or no payment is made on the account within the terms specified, that you have the right to assess and I/we agree to pay a "finance charge" computed by applying a periodic monthly rate of 1½% to the past-due balance. This is an annual percentage rate of 18%.

| | |
|----------------------|-------------------|
| Legal Name of Entity | |
| Signed By | Title |
| Witness Signature | Witness's Address |

PERSONAL GUARANTY

I, _____, Date _____, IN CONSIDERATION OF YOUR EXTENDING AT MY/OUR REQUEST CREDIT TO: (name of company) _____ (hereinafter referred to as the "Company"), I/we hereby personally guaranty to Moran Printing, Inc., the payment at 5425 Florida Blvd., Baton Rouge, LA 70806, of any obligation of the Company and I/we hereby agree to bind ourselves to pay you on demand any sum which may become due to you by the Company whenever the Company shall fail to pay the same.

It is understood that this guaranty shall be a continuing and irrevocable guaranty and indemnity for such indebtedness of the Company. I/We do hereby waive notice of default, non-payment and notice thereof and consent to any modification or renewal of the credit agreement hereby guaranteed.

| | |
|----------------------|-------------------|
| Legal Name of Entity | |
| Signed By | Title |
| Witness Signature | Witness's Address |