Thank you for visiting The Flesh Company's website and utilizing our on-line forms.

There is a series of three forms to help expedite the credit evaluation process and ensure accurate exchange of information. If there are additional questions, or further assistance is needed, please contact the Credit Department.

1. **Credit Application Form**

   I. Complete form in its entirety

   II. Signature must be an officer or owner

   III. Fields can be left blank as long as the data is represented on a company prepared sheet

2. **Personal Guaranty Form**

   I. Complete form in its entirety

   II. Must be signed by an officer or owner

3. **Credit Card Authorization Form**

   I. Credit Card information can be used as a one-time processing to expedite the first order

   II. Credit Card information can be maintained to be used for recurring charges

   III. Credit Card information can supplement payment choices when credit is established

   IV. Prompt payment discount does not apply to credit card payments unless it has been contractually agreed upon

The Flesh Company offers the option of accepting EFT (Electronic Fund Transfer). If this form of payment is the desired method, please supply the credit department with a written request and the required information will be supplied for funds transfers. The remittance details can be supplied at the time of transfer to the bank or a separate email can be sent to credit-dept@fleshco.com to ensure accurate and timely application.

All three forms can be faxed or emailed directly to the credit department for immediate processing.

Fax: 314-951-2018 / Email: credit-dept@fleshco.com

THE FLESH COMPANY

Please send completed application to:

Remittance Address:
PO BOX 798336, St Louis, MO 63179-8000
Direct Fax: 314-951-2018
Attention Credit Department
Direct Phone: 800-760-2941
Email:credit-dept@fleshco.com

CREDIT APPLICATION

(CONFIDENTIAL REPORT)

PACE
Print Alliance Credit Exchange

ACCOUNT NAME	DATE OF APPLICATION
INCORPORATED NAME	BUSINESS PHONE
ADDRESS - LINE 1	BUSINESS TYPE
ADDRESS - LINE 2	IS YOUR BUILDING ☐ OWNED ☐ LEASED
CITY - STATE - ZIP	YEARS IN BUSINESS / YEARS AT THIS ADDRESS

BUYER IS REQUIRED TO INFORM SELLER OF LEGAL STATUS OR NAME CHANGE.

☐ CORPORATION	DATE OF INCORPORATION	NAME OF PROPRIETOR, PARTNER, CORPORATE OFFICER
	STATE OF INCORPORATION	TITLE
☐ PARTNERSHIP	☐ PROPRIETORSHIP	HOME ADDRESS
STATE I.D. NUMBER	STATE	CITY - STATE - ZIP
STATE TAX I.D. NUMBER	STATE	
D-U-N-S NUMBER	FEDERAL I.D. NUMBER	SOCIAL SECURITY NUMBER / DATE OF BIRTH / HOME PHONE

BUSINESS REFERENCES

LIST THREE TRADE REFERENCES THAT HAVE RECENTLY EXTENDED CREDIT OR SUPPLY A DETAILED REFERENCE SHEET THAT REPRESENTS THESE REQUIREMENTS.

NAME OF COMPANY	NAME OF COMPANY	NAME OF COMPANY
ADDRESS	ADDRESS	ADDRESS
CITY - STATE - ZIP	CITY - STATE - ZIP	CITY - STATE - ZIP
TELEPHONE NUMBER / FAX NUMBER	TELEPHONE NUMBER / FAX NUMBER	TELEPHONE NUMBER / FAX NUMBER
CONTACT	CONTACT	CONTACT

BANK REFERENCES

BANK	BANK	BANK
ACCOUNT NUMBER ☐ SAVINGS ☐ CHECKING	ACCOUNT NUMBER ☐ SAVINGS ☐ CHECKING	ACCOUNT NUMBER ☐ SAVINGS ☐ CHECKING
TELEPHONE NUMBER AND CONTACT	TELEPHONE NUMBER AND CONTACT	TELEPHONE NUMBER AND CONTACT

STATEMENT OF PRESENT FINANCIAL CONDITION

The following figures set forth present our financial standing and business operation upon which you may rely for the purpose of establishing our credit:

ASSETS		LIABILITIES	
Cash on hand and in banks	$ _____	Bank loans payable within a year	$ _____
Due from customers	_____	Tax obligations due	_____
Cost Value of merchandise on hand	_____	Due to merchandise creditors	_____
Other assets	_____	Other liabilities	_____

NUMBER OF SALESPERSONS	ANNUAL SALES VOLUME $	NET WORTH $

I authorize investigation of all statements contained in this application and I further understand that misrepresentation or omission of facts called for will be just cause for denial of credit privileges. This application is the Buyer's agreement to be bound by terms set forth by seller. Terms can't be changed unless agreed to in writing by both the Seller and Buyer. In addition, we reserve the right to hold orders when accounts become delinquent or exceeds credit limit. It is understood by signing this application I am acknowledging and accepting that service charges will be added to past due invoices each month in the amount of 1.5% (annual rate 18.0%). Customer agrees to pay all cost of collection, including attorney fees.

SIGNATURE OF APPLICANT (OWNER OR OFFICER)	TITLE	DATE

AMERICAN EXPRESS DISCOVER MasterCard VISA

THE FLESH COMPANY

Individual Personal Guaranty

Date _____

I, _____ residing at _____
For and in consideration of your extending credit to

_____ _____ _____ _____
Company name Business Address State ZIP

(Hereinafter referred to as the Company), I the undersigned hereby personally guarantee to make payment to **The Flesh Company** of any obligation of the Company and I hereby agree to bind myself to pay you on demand any sum which may become due to you by the Company whenever the Company shall have failed to pay same.

This shall be an open and continuing guaranty and shall continue in force notwithstanding any change in the form of such indebtedness, or renewals, or extensions granted by you, without obtaining consent thereto, and until expressly revoked by written 60 day notice from me to **The Flesh Company** and say such revocation shall not in any manner affect my liability as to any indebtedness connected prior thereto.

_____ _____ _____
Signature Home address SSN

_____ _____ _____
Witness Address Phone number of applicant

THE FLESH COMPANY

Credit Card
Authorization for Payment

Please type or print

Company Name	Acct	Date

Card Holder Information:

Name on Card			Phone
Address			Fax
City	State	Zip Code	Email

Please check or fill in the required information for processing purposes:

One Time Use ☐ Maintain on File * ☐ Require Receipt ☐

Card Choices:

MC: ☐ Visa: ☐ Discover: ☐ AmEx: ☐ *time saving option

Card Number: _____

Expiration Date: _____ Code: _____

Invoice Number	Order Number	Total Amount
	Total Charges	

Authorized Signature: _____

Date Authorized: _____

Please use an additional sheet if needed:

Please fax completed form to:

Direct Fax: 314-951-2018
Credit Department
Direct Phone: 800-760-2941
Email: credit-dept@fleshco.com