



Thank you for visiting Flesh Co'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
- V. Credit Card Authorization should be sent by fax only

Flesh Co 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.

Credit Application and Personal Guarantee 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's Credit Terms and Conditions:

The Flesh Company requires a completed and signed credit application prior to extending credit.

Incorporated clients must have the application signed by a corporate officer. Applications for credit from non-incorporated clients must be signed by the business owner and accompanied with a signed personal guarantee.

Credit references will be checked as well as review of business data available through a variety of credit reporting agencies.

Order processing may be delayed without prompt return of all documents contained within the credit application package. Credit card authorization can be provided for first time orders to guarantee prompt order processing.

The Flesh Company offers a variety of credit terms that meet the business needs of both parties. Our standard terms for customers with an acceptable credit history are a 1% discount if paid within 15 days. (1% / 15 days / net 30 days) All other terms for payment must be requested and approved by the Flesh Company credit department. Credit card payments must be made within net 30 day terms and do not qualify for any discount at any time. Credit card payments made after 30 days are subject to additional fees as permitted by law.

Please send completed application to:

Remittance Address:
 PO BOX 419161, St Louis, MO 63141
 Direct Fax: 314-951-2018
 Attention Credit Department
 Direct Phone: 314-678-1335
 Email: credit-dept@fleshco.com

**CREDIT APPLICATION
 (CONFIDENTIAL REPORT)**



Print Alliance Credit Exchange

ACCOUNT NAME	DATE OF APPLICATION
INCORPORATED NAME	BUSINESS PHONE
ADDRESS - LINE 1	BUSINESS TYPE
ADDRESS - LINE 2	IS YOUR BUILDING <input type="checkbox"/> OWNED <input type="checkbox"/> LEASED
CITY - STATE - ZIP	YEARS IN BUSINESS YEARS AT THIS ADDRESS

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

<input type="checkbox"/> CORPORATION	DATE OF INCORPORATION	NAME OF PROPRIETOR, PARTNER, CORPORATE OFFICER	
	STATE OF INCORPORATION		
<input type="checkbox"/> PARTNERSHIP	<input type="checkbox"/> PROPRIETORSHIP	TITLE	
		HOME ADDRESS	
STATE I.D. NUMBER	STATE	CITY - STATE - ZIP	
STATE TAX I.D. NUMBER	STATE	SOCIAL SECURITY NUMBER	
D-U-N-S NUMBER	FEDERAL I.D. 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 REFERENCE

BANK	AP CONTACT	AP ADDRESS
ACCOUNT NUMBER	AP EMAIL	AP ADDRESS
TELEPHONE NUMBER AND CONTACT	AP PHONE	AP CITY / ST / ZIP

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
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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 **Flesh Co** 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 **Flesh Co** 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



FLESH CO

PRINTING EXCELLENCE

Credit Card Authorization for Payment

Please type or print

Company Name	Acct	Date
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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: 314-781-4400 x569