



VOLUME PRESS
TRADE PRINTING & BINDERY

P.O. Box 980503
West Sacramento, CA 95798
916-374-8991 fax: 916-374-8993

DATE: _____

FIRM NAME: _____

STREET ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

PHONE: _____ CALIFORNIA RESALE #: _____

MAILING ADDRESS IF DIFFERENT: _____

CITY: _____ STATE: _____ ZIP: _____

OWNERSHIP: SOLE OWNERSHIP _____ PARTNERSHIP _____ CORPORATION _____

OWNER'S NAME: _____ SS# _____

TYPE OF BUSINESS: _____

HOW LONG IN BUSINESS: _____ AT CURRENT ADDRESS: _____

BANK REFERENCE

NAME: _____ BRANCH: _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

CHECKING ACCOUNT#: _____ PHONE: _____

TRADE REFERENCES

NAME: _____ PHONE: _____ FAX: _____

ADDRESS: _____ CITY: _____ STATE: _____ ZIP: _____

NAME: _____ PHONE: _____ FAX: _____

ADDRESS: _____ CITY: _____ STATE: _____ ZIP: _____

NAME: _____ PHONE: _____ FAX: _____

ADDRESS: _____ CITY: _____ STATE: _____ ZIP: _____

CREDIT LINE REQUESTED _____

IN CONSIDERATION OF THE EXTENSION OF CREDIT BY VOLUME PRESS TO _____ THE UNDERSIGNED,
Company Name

AS _____ (OWNER) OF THE COMPANY, PERSONALLY GUARANTEES PROMPT PAYMENT FOR ALL ACCOUNTS,
INDEBTEDNESS AND OBLIGATIONS OF THE COMPANY WHICH MAY BE OR HEREAFTER BECOME DUE TO VOLUME PRESS. THE UNDERSIGNED
FURTHER AGREES TO PAY VOLUME PRESS REASONABLE ATTORNEY FEES AND COSTS, PLUS 1 1/2% PER MONTH
INTEREST IN CASE OF DEFAULT IN PAYMENTS BY COMPANY.

SIGNED _____

PRINT NAME _____

DATE _____