



MARK-ONE Inc.

Mark-One, Inc.

1798 Massachusetts Avenue
Lexington, MA 02420
781-863-0002 FAX (978)441-1775

CREDIT APPLICATION

Failure to complete in full may delay your application

A Account Information

Legal Name _____
Other Names _____
Address _____
Billing Address _____
City _____ State _____ Zip _____
Phone _____ Fax _____

Please circle one of the following:

Corporation (State ____ Date ____) Corporation-S Partnership Sole Proprietor
Federal Taxpayer ID# _____ Sole Proprietor's SS # _____

B Principal Officers, Partners, or Owners Information (Include middle initial)

Name (Include middle initial) _____ Title _____
Years at Co. ____ S.S. # _____ Home Address: _____

Name (Include middle initial) _____ Title _____
Years at Co. ____ S.S. # _____ Home Address: _____

Name (Include middle initial) _____ Title _____
Years at Co. ____ S.S. # _____ Home Address: _____

Person to Contact Regarding Financial Matters

Name _____ Title _____

C Please list any related companies in which the Principals have interest

Name _____ Address _____

Name _____ Address _____

Name _____ Address _____

D Trade References

1 Name _____ Fax # _____ Account # _____

Address _____ Contact _____

Phone # _____ Credit Line \$ _____ Terms _____

- 2 Name _____ Fax # _____ Account # _____
 Address _____ Contact _____
 Phone # _____ Credit Line \$ _____ Terms _____
- 3 Name _____ Fax # _____ Account # _____
 Address _____ Contact _____
 Phone # _____ Credit Line \$ _____ Terms _____
- 4 Name _____ Fax # _____ Account # _____
 Address _____ Contact _____
 Phone # _____ Credit Line \$ _____ Terms _____

E Bank References (if less than two years, please include previous bank)

1. Name _____ Account # _____
 Address _____ Bank Officer _____
 Bank Credit Line \$ _____ Phone # _____
 Secured? _____ Personal Guaranty? _____
 Explain _____
2. Name _____ Account # _____
 Address _____ Bank Officer _____
 Bank Credit Line \$ _____ Phone # _____
 Secured? _____ Personal Guaranty? _____
 Explain _____

F Estimated Monthly Purchase \$ _____

G Requested Credit Line \$ _____

TERMS AND CONDITIONS

Applicant in consideration of any extension of credit heretofore and hereafter granted by MARK-ONE, INC. warrants the above information to be true and accurate and hereby agrees to the following conditions:

- 1.Applicant authorizes Mark-One, Inc. to make inquiry and to gather additional credit information from any source and hereby authorizes such source or sources to answer such inquiry with true, accurate and complete information about applicant.
- 2.All payments due Mark-One, Inc. by Applicant shall be paid within fifteen(15) days of billing date.
- 3.Any amount unpaid after fifteen(15) days is delinquent and Applicant agrees to pay a finance charge of the lessor of 18% per annum (1 1/2% per month) or the highest rate permitted by applicable law on any amounts unpaid after fifteen (15) days.
- 4.Applicant understands and intends that every request for the provision of goods and/or services on credit constitutes a representation that Applicant agrees to pay for such goods and/or services within the fifteen (15)day terms and that Applicant has the financial capacity to do so. Applicant agrees to notify Mark-One, Inc. in writing of any change of ownership of Applicant and of the occurrence of any event, which has or may have a material and adverse affect on the Applicant, it's business or property.
- 5.Applicant agrees to pay all costs of collections incurred by Mark-One, Inc., including reasonable attorney fees, whether or not suit is brought.
- 6.Oral statements of salespeople and other employees shall not be binding.

If you agree to the foregoing terms please indicate by signing below.

Applicants Signature: _____ **Date:** _____