



HAWAII STATIONERY

If it exists, we'll deliver it.

Credit Application (page 1 of 3)

Please fill all boxes, print the application form and sign. Submit via fax to 486-3111 / Attn: Ed Sakuda

Company Information

Company Name		D.B.A. (if different)	
Phone	Fax	Email	
Address			
City	State	Zip	
How Long at Present Location?	Own	Rent	Date Business Established
Check One:	Sole Proprietorship	Partnership	Corporation
Type of Business			
Tax ID Numbers:	Federal	State	
Approximate Monthly Credit Needed			

Owners, Partners or Officers Information

Name	Title	Social Security Number
Address		
City	State	Zip
Name	Title	Social Security Number
Address		
City	State	Zip
Name	Title	Social Security Number
Address		
City	State	Zip
Name	Title	Social Security Number
Address		
City	State	Zip



Credit Application (page 2 of 3)

Bank References		
Bank Name	Account Number	
Address		
City	State	Zip
Phone Number	Business Contact	
Were You Ever Involved In A Bankruptcy? Yes No		
If Yes, Specify Details		

Trade Suppliers (List Complete Names and Addresses of Four Trade Suppliers From Whom You Purchase on Open Account)		
Name	Address	
City	State	Zip
Email	Phone	Fax
Name	Address	
City	State	Zip
Email	Phone	Fax
Name	Address	
City	State	Zip
Email	Phone	Fax
Name	Address	
City	State	Zip
Email	Phone	Fax



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Applicant agrees to pay the full amount of all credit advanced no later than thirty (30) days following the last day of the month in which debt was incurred. Any unpaid balance after thirty (30) days is considered past due and subject to a minimum service charge of 1.5% per month or the maximum permitted by law, whichever is higher. Applicant agrees to pay any and all costs of collection, court costs and reasonable attorney's fees incurred by HawaiiStationery Co., Ltd. as a result of applicant's failure to pay any past due balance. This credit may be cancelled at any time for any reason. I declare that this application for credit has been examined by me, that to the best of my knowledge I believe it is true, correct and complete and that I am authorized to execute on behalf of the Applicant.

Firm Name	Date
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Name of Authorized Signature	Authorized Signature	Title
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Personal Guaranty

In consideration of credit approval, the undersigned hereby guarantees payment for purchases made by applicant company, including late charges and collection fees and costs.

Signature of Individual Guarantor	Print Name	Date
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