APPLICATION FOR ACCOUNT WITH TAG CITY.

1244 CLAIRMONT RD. SUITE 222, DECATUR GA. 30030
Ph: 404-325-3456
Fax: 404-759-2888

ACCOUNT NAME _____ TEL.( )_____
ARE YOU INCORPORATED? ( )YES ( ) NO FAX ( )_____
DO YOU WORK OUT OF YOUR HOME? YES ( ) NO ( )
STREET ADDRESS _____

CITY AND STATE_____ZIP_____HOW LONG AT THIS ADDRESS_____

OWNER'S NAME_____AGE_____

OWNER'S HOME ADDRESS_____TEL. ( )_____

CITY AND STATE_____ZIP_____HOW LONG AT THIS ADDRESS_____

IS BILLING ADDRESS DIFFERENT FROM ABOVE ADDRESS? IF SO, SHOW CORRECT BILLING ADDRESS.

ADDRESS_____CITY_____STATE_____
Please complete W-9 Attached
TAX EXEMPTION NO._____IF APPLICABLE SS# _____ OR FED ID# _____
DUN & BRADSTREET RATING_____ASI#_____IF APPLICABLE

Give the full names and addresses of three companies you now buy from on open account and Bank references.
FAILURE TO COMPLETE INFORMATION COULD DELA Y APPLICATION APPROVAL.

1. _____
Name Address Telephone

_____
City State Zip Account Number

2. _____
Name Address Telephone

_____
City State Zip Account Number

3. _____
Name Address Telephone

_____
City State Zip Account Number

Bank Reference_____
Name Address City State

_____
Area Code / Phone Number Branch Account Officer

Checking Account No._____

I HEREBY CERTIFY THE ABOVE INFORMATION IS CORRECT, AND I AUTHORIZE THE RELEASE OF CREDIT INFORMATION TO TAG CITY OR IT'S AUTHORIZED AGENT, BY 0UR BANK, TRADE REFERENCES, AND FINANCIAL INSTITUTIONS. CREDIT AGREEMENT: TAG CITY'S CREDIT TERMS REQUIRE PAYMENT IN FULL IN NET 30 DAYS FROM THE DATE ON THE INVOICE. ACCOUNT OVERDUE OR NOT PAID ACCORDING TO TERMS, TAG CITY RESERVES THE RIGHT TO STOP PRODUCTION ON CURRENT ORDER(S) AND ANY UNPAID INVOICES OR BALANCES MAY BE DECLARED IMMEDIATELY DUE AND PAYABLE AT TAG CITY'S DISCRETION. SHOULD CUSTOMER DEFAULT ON ANY SUCH PAYMENTS, THE UNDERSIGNED AGREES TO PAY REASONABLE COLLECTION AGENCY EXPENSE OR ATTORNEY'S FEES AND COURT COSTS INCURRED BY TAG CITY, WHETHER OR NOT SUIT IS FILED. THE CUSTOMER AGREES THAT A COPY OF THE SIGNED ORIGINAL OF THIS AGREEMENT TRANSMITTED BY TELECOPIER TO TAG CITY.SHALL BE BINDING ON THE CUSTOMER AND HAVE THE SAME FORCE AND EFFECT AS THE SIGNED ORIGINAL.

Date_____Signature_____Title_____