| **MAP/ACTE III - Mercurius Art Publishing USA, Inc.**  **Credit Application** | | | | | | | |
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| **Company Information** | | | | | | | |
| Company Name: | | | | | | | |
| Phone: | Fax: | | | | EIN# or SS# | | |
| Current Address: | | | | | | | |
| City: | State: | | | | ZIP: | | |
| Type of Business | | | | # of Employees | | |  |
| Date Business Established | | | | | | | |
| Amount of Credit Requested |  | | | | | |  |
| E-mail: | | | | | | | |
| Is your company a: Corporation General Partnership LLC Other:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | | | | |
| State where your company was organized: | | | | | | How long? | |
| Have you or any of your affiliates ever had credit with us before or purchased from us before?  Yes \_\_\_ No \_\_\_ | | If yes, under what name? | | | | | |
| Name or title of persons authorized to act on your behalf : | | | | | | | |
| Position: | | | | | | | |
| **Trade References** | | | | | | | |
| Trade Reference #1: | | | Phone: | | | | |
| Contact Person: | | | Number of Years Affiliated: | | | | |
| Address: | | | | | | | |
| City: | | | State: | | | ZIP: | |

|  |  |  |
| --- | --- | --- |
| Trade Reference #1: | Phone: | |
| Contact Person: | Number of Years Affiliated: | |
| Address: | | |
| City: | State: | ZIP: |
| Trade Reference #1: | Phone: | |
| Contact Person: | Number of Years Affiliated: | |
| Address: | | |
| City: | State: | ZIP: |

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| --- | --- | --- | --- | --- | --- | --- |
| **Bank References** | | | | | | |
| Name of Bank Reference #1: | | | Phone: | | | |
| Bank #1 Account # | | | Contact Person: | | | |
| Address: | | | | | | |
| City: | | | State: | | | ZIP: |
| Name of Bank Reference #1: | | | Phone: | | | |
| Bank #1 Account # | | | Contact Person: | | | |
| Address: | | | | | | |
| City: | | | State: | | | ZIP: |
| **Company Financial Information** | | | | | | |
| Assets : $: | | | | | | |
| Liabilities: $ | | | | | | |
| Approximate Annual Net Income: $ | | | | | | |
| Are you current in meeting your other financial obligations? If not, please explain. | | | | | | |
| Have you or your officers or affiliates ever filed a petition in bankruptcy? | | | | | | |
| I authorize the Mercurius Art Publishing USA, Inc. to verify the information provided on this form as to my credit and history.  Signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | | | |
| I authorize the Mercurius Art Publishing USA, Inc. to verify the information provided on this form as to my credit and employment history.  Signature of Applicant:  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | | | |
| Signature of Co-Applicant, if for joint account:  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | | | |
|  | | | | | | |
| **Credit Cards** | | | | | | |
| Name: | | Account No.: | | Current Balance: | | Monthly Payment: |
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| **Mortgage Company** | | | | | | |
| Account No.: | | Address: | | | | |
| **Other Loans, Debts, or Obligations** | | | | | | |
| Description: | Account No.: | | | | Amount: | |
|  |  | | | |  | |
|  |  | | | |  | |
|  |  | | | |  | |
|  | | | | | | |
| Description: | | | | | | Amount per Month or Value |
|  | | | | | |  |
|  | | | | | |  |
| I authorize the Mercurius Art Publishing USA, Inc. to verify the information provided on this form as to my credit and history. | | | | | | |
| Signature of Applicant: | | | | | | Date: |
| Signature of Co-Applicant, if for joint account: | | | | | | Date: |

The undersigned represents that the information provided is true and correct as of the date hereof. This Credit Application is submitted solely for the purposes of obtaining credit history. The undersigned certifies that they are a corporate officer or authorized employee appointed by a corporate officer to execute this application. The undersigned authorize their bank and trading partners to release finance and trading information to MAP-Acte III (Mercurius Art Publishing) for the purpose of credit application.

Upon acceptance of this application, the undersigned and its successors agree to the following terms, and to pay any interest and/or cost of collection as set forth:

1. TERMS OF PAYMENT: Invoices are due upon presentation and considered past due 30 days from Invoice Date.
2. SECURED INTEREST: Client authorizes MAP-Acte III (Mercurius Art Publishing) to retain a secured interest of their assets equivalent to the amount of invoices outstanding every 90 days.
3. PAST DUE: If there are past due amounts, MAP-Acte III (Mercurius Art Publishing) retains the rights to hold current shipments pending payment of past due invoices.
4. INTEREST ON LATE PAYMENT: Interest is due at the current maximum legally allowed rate.
5. COST OF COLLECTION: All costs including, but not limited to, fees paid to collection agencies and reasonable attorney fees whether suit is commenced or not under the jurisdiction in the State of Florida and State of New York.
6. COMMENCEMENT OF ACTION: The undersigned Purchaser agrees that if any legal action is commenced by or on behalf of Seller with respect to the Purchaser, the venue is proper in all courts of the State of Florida and the State of New York.
7. MODIFICATION: MAP-Acte III (Mercurius Art Publishing) retains the rights to modify the terms and amount of credit granted, with or without notice to the client.

Authorized Representative (Please type or print below):

Company: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name of Authorized Representative: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_