



and its subsidiaries

Customer Application

Please print or type answers to the questions and place in enclosed reply envelope.

Resale Certificate No.		Office Use Only	
		DC No.	CN No.
Firm Name		Telephone Number	eMail Address
Street Address		Fax Number	Mail Address (if different than street address)
City	County	State	Zip Code
Primary Type of Business			

PRINCIPAL OWNERS & OFFICERS

Name	SS#	Position or Title	Full Time	Part Time
			<input type="checkbox"/>	<input type="checkbox"/>

Home Address: Street/City/State/Zip

How Long in Business? _____ P.O. Number Required? Yes No Amount of Credit Line Requested _____

Partnership Proprietorship

Corporation Branch _____ State of Incorporation _____

IMPORTANT: SALES TAX EXEMPTION

By law, Ennis Inc. must charge sales tax if the provided resale certificate is not completed and returned to us. To be considered valid the certificate must indicate your resale certificate number and must be signed.

Please furnish us the information listed below for one bank reference and three supplier references.

BANK NAME	Bank Name	Account No.	Phone
			Fax
	Address		
	City	State	Zip
CREDIT REFERENCES	Supplier Name	Account No.	Phone
			Fax
	Address		
	City	State	Zip
	Supplier Name	Account No.	Phone
			Fax
	Address		
	City	State	Zip
	Supplier Name	Account No.	Phone
			Fax
	Address		
	City	State	Zip

The Equal Credit Opportunity Act prohibits grantor from discriminating against credit applicants on the basis of race, color, religion, national origin, sex, marital status and age (providing the applicant has the capacity to enter into a binding contract). The federal agency that administers compliance with this law concerning this credit grantor is the Federal Trade Commission.

The second page of this application must be completed, signed by hand and returned prior to processing.

ADDITIONAL CONTACTS

Upon receipt and approval of your application, your company will be added to our mailing list for all marketing related literature. Please use the space below to indicate additional individuals within your company who should receive this information. Please attach additional sheets if necessary.

Print Name (First & Last)	Title	email
Print Name (First & Last)	Title	email
Print Name (First & Last)	Title	email

eMail Policy: At no time will we sell or share your email address with a third party. In addition to order confirmations and shipping notifications, we send promotional emails, which include special offers, sales tips and other marketing related information. Anyone who receives these emails can unsubscribe at any time.

APPLICANT'S SIGNATURE attests financial responsibility, willingness, and ability to pay invoices in accordance with Ennis Inc. terms. Further, it is understood orders or shipments will be held if account falls beyond terms. Applicant also acknowledges responsibility for any cost and expenses incurred in the collection of account by third party. The above information is willingly supplied and applicant authorizes Ennis Inc. to make the necessary inquiries with bank/trade references, and to obtain credit reports individually (if applicable) and/or financial statements from Company in the extension or continuation of credit terms. Applicant's signature or first submitted order also attests acceptance of Ennis Inc. trade policies, individual facility terms, and the terms and conditions set out at printtermsandconditions.com.

Signature Printed Name Title Date

PERSONAL GUARANTEE

In consideration for credit extended, or to be extended, to the company listed on this application, I/we do hereby agree, individually/jointly, to guarantee payment of the indebtedness of the company. The undersigned expressly waives all notice of acceptance of this guarantee, notice of extension of credit, presentment of demand for payment, any notice of default, and other notices to which the guarantor might be entitled. This guaranteed shall inure to the benefit of the heirs, administrators, executors, successors, or assigns of the parties hereto.

Signature Printed Name Title Date

Signature Printed Name Title Date

PLEASE RETURN THIS SIGNED APPLICATION AND THE RESALE CERTIFICATE FORM TO :

**Ennis Inc.
Customer Finance
2441 Presidential Pkwy.
Midlothian, TX 76065**

contactupdate@ennis.com • 972. 775.9196 Fax