

McPhersons™

McPhersonsprint.com -Holiday Sign-Up Packet



Fax completed form to 800.535.4925

Once all information is received, allow approximately 1-2 weeks to set up your site. For any questions about this form, please call 800.742.9401. Go to <http://holidaydemo.mcphersonsprint.com> to view an example of a Holiday site.

Dealer Name _____ Dealer Account # _____

Dealer Contact Name _____ Please sign x _____

I authorize McPhersons to set up this site

Billing Options - Please Note: New Accounts Must Have Credit Application Approved Before Site Set-Up

You will bill your customer and McPhersons will bill you. Please indicate how McPhersons should bill your account:

- Charge to your Purchase Order - Available to established open accounts.
- Open Account - Available to established open accounts.
- Credit Card - Please fax the Credit Card on File Request form with your application. Must be approved before site set-up.

Your McPhersonsprint Site Information

Please supply 2 preferences for the name of your mcphersonsprint site. (Example: *businessname.mcphersonsprint.com*)

1st choice _____ .mcphersonsprint.com

2nd choice _____ .mcphersonsprint.com

Customer Service E-mail (This is required.) _____

Customer Service Telephone # _____ Customer Service Fax # _____

Business Days and Hours _____ Your Business URL _____

You may offer your site customers discounts site wide or on selected categories. McPhersons does not assume this discount and bills you the wholesale price.

Site Discounts Offered: Total Site: _____% Selected Categories - Invitations _____% Accessories _____%

Your Customer Payment Options (select all that apply):

- Visa MasterCard Discover AMEX InStore Payment PayPal

Site Order Notification E-mail Address _____

Please provide us with an approval password, which you will use to approve all orders and collect credit card information from your customers.

Site Order Approval Password _____

Site Navigation Links (select all that apply):

- About Us Contact Us Samples FAQ Verse-It Email a Friend Your Business URL

Use Logo on Header (email logo to artwork@mcphersons.com - site size limitations 200 px x 50 px)

Business Name in Text on Header - Header Wording _____

Header Background Color R _____ G _____ B _____ Header Text Color R _____ G _____ B _____

Page Background Color R _____ G _____ B _____ Navigation Bar Color R _____ G _____ B _____

McPhersons

P.O. Box 188

Sunman, Indiana 47041

CREDIT APPLICATION AND CONTRACT

OFFICE USE ONLY

CUSTOMER # _____ DATE APPROVED _____ TERMS GRANTED _____ CREDIT LIMIT _____

Please complete both sides of this application and return to the attention of the credit department to be considered for an open account.

PLEASE PRINT OR TYPE THIS INFORMATION BILLING INFORMATION

Company Name:	Telephone Number: ()
Attention:	Fax Number: ()
Street Address:	Bookkeeper:
Mailing Address: (if other than street address)	Telephone Number: ()
City/State/Zip:	Date Business Established: / /

PRINCIPAL OWNERS, OFFICERS OR STOCKHOLDERS

Last Name, First, Middle	Position/Title	Soc. Sec. #	Home Address: Street/City/State/Zip

Owner's Home Telephone Number: _____

- | | |
|------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <input type="checkbox"/> Sole Proprietorship
<input type="checkbox"/> Partnership
<input type="checkbox"/> Corporation
State _____
I.D.# _____ | <input type="checkbox"/> Subsidiary of Another Company
<input type="checkbox"/> Branch of a Company (Please list additional branch(s) and location(s) on a separate piece of paper and attach to this application.) |
|------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|

Name of Parent or Home Office:	Telephone Number: ()
Address:	Contact Person:

To help us determine your credit limit, please answer the following questions:

What form of Credit Terms are you interested in?

_____ Charge to credit card # _____ Exp. Date _____

_____ "C.O.D." Only

_____ "Cash or Cheque in Advance" at time of placing orders. Note: Any shortage over \$10.00 will be shipped C.O.D. unless otherwise specified.

_____ "Open Account", (Granted only after Credit Application Approved)

What is the high credit you desire? \$ _____

Has the owner of your business ever purchased goods from McPhersons under any other business name? _____

If yes, under what name and address: _____

Has this business or the owner of this business filed bankruptcy in the last seven years? _____

Accounts Payable Contact:

Name _____ Address _____ Phone # () _____
Fax # () _____

Banking Reference

Name _____ Phone # () _____
Address _____ Fax # () _____
City/Town _____ State/Pro _____ Postal Code _____
Account # _____ Years Dealing With: _____

If less than 2 years, please provide Bank information previously dealt with.

Credit References

1. Name _____ Phone # () _____
Address _____ Fax # () _____
City/Town _____ State/Pro _____ Postal Code _____
Years Dealing With: _____ Account # _____
2. Name _____ Phone # () _____
Address _____ Fax # () _____
City/Town _____ State/Pro _____ Postal Code _____
Years Dealing With: _____ Account # _____
3. Name _____ Phone # () _____
Address _____ Fax # () _____
City/Town _____ State/Pro _____ Postal Code _____
Years Dealing With: _____ Account # _____

Credit Policy

Payment Terms: Due on receipt with approved credit, Check With Order/C.O.D. without approved credit. Our credit policy states that any incoming orders cannot be processed until all past due amounts have been paid. **All orders for \$1,000.00 or more must be accompanied by 50% of the amount.**

Invoicing and Statements: The original invoice will be included with each order. A statement will be issued if there is a balance outstanding at the end of the month. A finance charge equal to the lesser of 1 1/2% per month or the maximum amount allowed by law will be added to your account for any past due balance and a **\$30.00 service charge will be assessed for any returned check.**

In the event payment is not made when due, you agree to pay all reasonable costs of collection including any attorney fees, collection agency fees or other charges or fees incurred in our attempts to collect a delinquent account.

Payments: Please return the remittance stub with your check to the mailing address indicated on your statement. Note: **Please be advised that if payments are not received in a timely manner, you will be subject to having all future orders held and your line of credit removed.**

Credit Department: The Credit Department is willing to work with you if a problem should arise. Communication with us will avoid misunderstandings which could impair your credit with McPhersons. Questions about your credit terms may be addressed to the Credit Department. Feel free to call us between 7:30 - 4:30 p.m. E.S.T.

I, an authorized officer, partner or sole proprietor of this company, certify that the above information is correct and agree to the terms and conditions set forth above. As part of the application for credit, I grant McPhersons permission to contact consumer credit reporting agencies, commercial credit reporting agencies, bank and trade references as necessary.

Signature: _____

Print Name: _____

Date: _____ Title: _____

McPhersons

Accounts Receivable Phone: 800-535-6330 Fax : 800-535-4925

McPhersons

957 N. Meridian Street · P.O. Box 188 · Sunman, Indiana 47041
Telephone (800) 535-6330 · Facsimile (800) 535-4925

Name: _____

Street Address: _____

City: _____ State: _____ Zip Code: _____

McPhersons Account Number(s): _____

I hereby authorize McPhersons to charge all incoming orders to my:

Visa Mastercard Discover Am Ex

Credit Card Number: _____

Expiration Date: _____ / _____ / _____

Cardholder's Name: _____

Cardholder's Address: _____

Signed: _____ Date: _____ / _____ / _____

**Please return this agreement to
the attention of the Credit Department
at P.O. Box 188, Sunman, Indiana 47041
or fax to (800) 535-4925**