



COMMERCIAL LETTER OF CREDIT APPLICATION

To: **FIFTH THIRD BANK**

Application Date: _____

The undersigned applicant requests Fifth Third Bank to issue a letter of credit (L/C) with the terms and conditions indicated below. This request is made under Fifth Third Bank's standard Letter of Credit Reimbursement Agreement or equivalent agreement between the undersigned requesting applicant and Fifth Third Bank.

Applicant Contact/Tel. No. for this transaction:
Marinus (Rinck) Heule
616-458-8284
 Applicant Deposit Account No: _____

Applicant: PrintSystems, Inc d/ba HeuleGord
1415 Plainfield NE
Grand Rapids, MI 49505
)

Applicant Ref. No: _____ Same as L/C # _____
 Issue Via: SWIFT Other: (describe)
 Incorporated Practice Rules: UCP600

Authorized Signature: _____
 By: MJ Heule
 Its: President

<p>Applicant: (Name and Address to be shown on Letter of Credit) <u>PrintSystems, Inc</u> <u>1415 Plainfield NE</u> <u>Grand Rapids, MI 49505</u> _____ If the requesting applicant is different from the applicant to be shown on the L/C, indicate the relationship: <u>(indicate relationship)</u>. If Other--describe: <input type="checkbox"/> Must appear <i>exactly</i> as above on L/C—no abbreviations/variations.</p>	<p>Beneficiary: (Name and Address to be shown on Letter of Credit) _____ _____ _____ _____ SWIFT message parameters 4 lines x 35 characters only. Continue additional address information in "Additional Instructions to be included in the L/C" below. <input type="checkbox"/> Must appear <i>exactly</i> as above on L/C—no abbreviations/variations.</p>
<p>Amount: USD _____ (Amount in Figures) (Amount Written in Words) Tolerance: <u>No</u> Calculated by: <u>(select)</u> On : <u>(select)</u> Plus: <u>0</u> Minus: <u>0</u> Amount: <u>0.00</u> Additional Amounts Covered? <u>No</u> Other: <u>(Specify)</u></p>	<p>Advise Through Bank: _____ SWIFT BIC: _____ _____ _____ _____ <input type="checkbox"/> Must Be Advised Through This Bank (Additional Charges May Apply)</p>
<p>Expiration: Date: _____ Place: <u>Fifth Third Bank</u> Available With Nominated Bank: For <u>100%</u> of the <u>Invoice</u> Value By: <u>Payment</u> At: <u>Sight</u> No. Days: <u>N/A</u> From: <u>(select)</u> Other: <u>(Specify)</u> Transferable? <u>No</u></p>	<p>Confirmation Provision: <u>Without</u> Presentation Period: <u>21</u> Days from date of shipment, but within validity of the Letter of Credit.</p>
<p>Shipment Dates: Latest: <u>(if applicable)</u> Earliest: <u>(if applicable)</u> Shipment Schedule? <u>No</u> _____ Partial Shipment Allowed? <u>No</u> Transshipment Allowed? <u>No</u></p>	<p>Charges: All Charges (Other than those of Issuing Bank): <u>Beneficiary</u>. Confirmation charges, if applicable, are for the account of the <u>Beneficiary</u>. Other: <u>(specify)</u></p>
<p>Transport Document Details: Place of Receipt: <u>(for Multimodal Transport)</u> Port of Loading/Airport of Departure: _____</p>	<p>Port of Discharge/Airport of Destination: _____ Place of Final Destination/For Transportation To: <u>(for Multimodal Transport)</u> Ultimate Country of Destination: <u>US</u></p>
<p>Merchandise Description: <u>(Brief description without excessive detail)</u> <u>Our order # German English Bible</u> _____ <input type="checkbox"/> Per Order Number _____ Dated _____</p>	<p>Trade Term: <u>DDP</u> Named Point: <u>(Berlin, OH)</u></p>
<p>Documents Required: A TERM OR CONDITION IN THE L/C, IF NON-DOCUMENTARY, MUST BE DISREGARDED. THEREFORE, ALL CONDITIONS FOR DRAWING UNDER THE L/C MUST BE REQUESTED IN THE FORM OF A DOCUMENT TO BE PRESENTED UNDER THE L/C. <input type="checkbox"/> Commercial Invoice: <u>Signed original</u> plus <u>1</u> copy(ies) <input type="checkbox"/> Transport Document: <u>Full Set 3/3 Original</u> plus <u>1</u> copy(ies) Type: <u>Multimodal/Combined Transport Bill of Lading</u> Consigned To: <u>Order of Shipper and Blank Endorsed</u> Other: <u>(specify)</u> Marked Freight: <u>Prepaid</u>; Notify Applicant and: <u>(enter additional notify parties here)</u> <input type="checkbox"/> Insurance Policy or Certificate: <u>Signed original</u> plus <u>1</u> copy(ies) for <u>110%</u> of the <u>Invoice</u> Value; Covering: <u>All Risks</u></p>	



Additional Conditions: (specify)

- Certificate of Origin:** Signed original plus 1 copy(ies)
- Packing List:** Signed original plus 1 copy(ies)
- Beneficiary's Certificate:** Signed original plus 1 copy(ies) (stating).

Other: (Specify Issuer and Content if applicable)

- (Document) Signed original plus 1 copy(ies) (issuer/content)
- (Document) Signed original plus 1 copy(ies) (issuer/content)
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- (Document) Signed original plus 1 copy(ies) (issuer/content)

Additional Instructions To be Included in the L/C:

Insurance covered by: Applicant (Insurance Document NOT Required)
Other: (specify)

Special Instructions to Fifth Third Bank: (specify)

Fees and Charges: Fifth Third Bank fees and cost figures for the L/C are those stated below unless otherwise agreed between the requesting applicant and Fifth Third Bank. Per UCP600, where an L/C stipulates that charges are for the account of a party other than the instructing party, and charges cannot be collected, the Applicant remains ultimately liable for the payment thereof. Issuance Fee(s): \$125.00; Drawing Fee(s): 0.25%, minimum \$100.00; Communication costs (courier, SWIFT, electronic communication, etc.): As incurred, minimum \$10.00; Acceptance/Deferred payment fee(s): 1.50% p.a., minimum \$150.00; Transfer Fee(s): 0.25%; minimum \$250.00; Non-utilization fee: 0.25%, minimum \$100.00.

**RETURN COMPLETED AND SIGNED APPLICATION FOR APPROVAL AND PROCESSING TO YOUR FIFTH THIRD RELATIONSHIP MANAGER,
OR TO THE GLOBAL PAYMENTS TRADE SERVICES PROCESSING CENTER:**

FIFTH THIRD BANK

ATTN: GLOBAL PAYMENTS TRADE SERVICES
COMMERCIAL LETTER OF CREDIT TEAM
5050 KINGSLEY DRIVE MD: 1MOCBR
CINCINNATI, OH 45263
TEL: 513-358-0547
FAX: 513-358-5950