

CREDIT APPLICATION



951-304-1330
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www.theimagezone.com

Firm Name: _____

Legal entity: Corporation Co-partnership Proprietorship LLC Other

Type of Business: _____ Established Since: _____

Street Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Fax: _____

Resale Number: _____

TAX ID# or Social Security Number: _____

Available Credit Requested \$ _____ Credit Terms 10 Days 30 Days Other:

Average Annual Marketing Budget: _____

List names and titles of officers, partners, members, owners etc.

Name	Phone	Street Address	City	Zip
:	:	:	:	:
:	:	:	:	:
:	:	:	:	:

The following are three trade references that we are presently doing business with:

Firm Name	Phone	Street Address	City	Zip
:	:	:	:	:
:	:	:	:	:
:	:	:	:	:

Our financial institution references:

Bank Name	Phone	Account #	City	Zip
:	:	:	:	:
:	:	:	:	:
:	:	:	:	:

Applicant's signature attests financial responsibility, ability and willingness to pay our invoices in accordance with our terms. Past due invoices are subject to a late penalty of 1 1/2% per month. Applicant agrees to pay reasonable collection fees (including attorney fees) plus late penalties in case of default. The Applicant further acknowledges careful reading, understanding and agreement to the Terms and Conditions of Sale which are printed on the reverse of this document. A facsimile application received will be considered an original copy, and the Terms & Conditions appearing on the reverse shall be assumed as having been read and accepted. The applicant hereby authorizes and instructs any person, company or credit reporting agency to compile and furnish any information concerning the applicant and/or the company.

Print Name _____ Signature _____ Title _____ Date _____