



PHOTOGRAPHIC AND DIGITAL IMAGING

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CREDIT APPLICATION

Current Date:

COMPANY INFORMATION

Firm:

Contact Name:

Address:

Billing address (if different):

City: State: Zip Code:

Telephone: Mobile: Fax:

Email: Website:

Type of organization:

How long in business: How long at present address:

Previous Address (If less than 3 years)

Address:

City: State: Zip Code: Telephone:

CREDIT REFERENCES

Name: Address: Phone:

BANK REFERENCES

Bank: Contact: Phone:

NOTICE:

The following is provided for your information. Please read the credit plan and do not sign this agreement before you do. If this THIRTY DAY account is opened I agree:

1. To pay each invoice within thirty(30) days.
2. To pay an 18% service charge on all invoices thirty-one(31) days or older . This service charge will apply each month until paid in full.
3. To pay attorney's fees in the event that collection efforts become necessary.

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