



Credit Application for a Business Account

IMAGE SALES, INC.
1401 WILLOW PASS ROAD, SUITE 660
CONCORD, CA 94520
P: 925-849-3400, F: 925-849-3499

BUSINESS CONTACT INFORMATION

Main Contact:		Title:	
Company name:			
Phone :	Fax:	E-mail:	
Registered company address:			
City:		State:	ZIP Code:
Date business commenced:			
Sole proprietorship: <input type="checkbox"/>	Partnership: <input type="checkbox"/>	Corporation: <input type="checkbox"/>	Other:
A/P contact	☎:	E-mail:	
Purchasing contact:	☎:	E-mail:	
End user contact:	☎:	E-mail:	

BUSINESS AND CREDIT INFORMATION

Primary business address:			
City:		State:	ZIP Code:
How long at current address?			
Telephone:	Fax:	E-mail:	
Bank name:			
Bank address:		Phone:	
City:		State:	ZIP Code:
Type of account:	Account number		
Savings:			
Checking			
Other:			

BUSINESS/TRADE REFERENCES

Company name:			
Address:			
City:		State:	ZIP Code:
Phone:	Fax:	E-mail:	
Type of account:			
Company name:			
Address:			
City:		State:	ZIP Code:
Phone:	Fax:	E-mail:	
Type of account:			
Company name:			
Address:			
City:		State:	ZIP Code:
Phone:	Fax:	E-mail:	
Type of account:			

AGREEMENT

1. All invoices are to be paid 30 days from the date of the invoice.
2. Claims arising from invoices must be made within seven working days.
3. By submitting this application, you authorize Image Sales, Inc. to make inquiries into the banking and business/trade references that you have supplied.

SIGNATURES

Title:	Date:	Title:	Date:
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Credit Application Directions:

1. Complete the fields
2. Print to sign or use digital signature
3. If you printed, send to our Fax 925-849-3499 ATTN: Beverly Rose
4. If you use digital signature, you can e-mail it to using the "Submit by E-mail" button or send manually to beverly.rose@imagesales.com



We look forward to doing business with you!

Thank you.