

## ACCOUNT APPLICATION

Full Name of Company \_\_\_\_\_

Doing Business as \_\_\_\_\_

Business Address \_\_\_\_\_

Business Phone Number: \_\_\_\_\_ Fax number: \_\_\_\_\_ e-mail \_\_\_\_\_

Sole Proprietorship \_\_\_\_\_ Partnership \_\_\_\_\_ Corporation \_\_\_\_\_ Joint Venture \_\_\_\_\_ Other \_\_\_\_\_

Date Started Business \_\_\_\_\_ Federal ID# \_\_\_\_\_ Resale # \_\_\_\_\_

*(If for resale, please attach a resale card)*

Ownership Information: (Name of Owner or Officer) *Additional information please use another sheet of paper*

Name \_\_\_\_\_ Title \_\_\_\_\_ Phone \_\_\_\_\_

Home Address \_\_\_\_\_ SS# \_\_\_\_\_

Name \_\_\_\_\_ Title \_\_\_\_\_ Phone \_\_\_\_\_

Home Address \_\_\_\_\_ SS# \_\_\_\_\_

### Bank and Trade References:

Bank Name \_\_\_\_\_ Branch \_\_\_\_\_

Account Number \_\_\_\_\_ Contact \_\_\_\_\_ Phone \_\_\_\_\_

Bank Name \_\_\_\_\_ Branch \_\_\_\_\_

Account Number \_\_\_\_\_ Contact \_\_\_\_\_ Phone \_\_\_\_\_

Company Name \_\_\_\_\_ Phone \_\_\_\_\_

Contact \_\_\_\_\_ Address \_\_\_\_\_

Company Name \_\_\_\_\_ Phone \_\_\_\_\_

Contact \_\_\_\_\_ Address \_\_\_\_\_

Company Name \_\_\_\_\_ Phone \_\_\_\_\_

Contact \_\_\_\_\_ Address \_\_\_\_\_

### Terms and Conditions:

*On behalf of the company, I agree to the following terms and conditions as consideration for the extension of credit by Master Image, Inc.:*

**NET PAYMENT IS DUE 30 DAYS FROM DATE OF INVOICE. ACCOUNTS WITH UNPAID AMOUNTS OVER 30 DAYS FROM DATE OF INVOICE SHALL BE CONSIDERED DELINQUENT. ACCOUNTS WITH UNPAID AMOUNTS OVER 60 DAYS FROM DATE OF INVOICE MAY BE SUBJECT TO CREDIT HOLD. DELINQUENT AMOUNTS MAY BE SUBJECT TO FINANCE CHARGES.**

**APPLICANT AGREES THAT IF THE ACCOUNT IS REFERRED TO AN ATTORNEY OR AGENCY FOR COLLECTION, SAID ACCOUNT WILL BE INCREASED BY REASONABLE ATTORNEY'S FEES AND COLLECTION CHARGES.**

**I CERTIFY THAT ALL INFORMATION PROVIDED ON THIS APPLICATION IS COMPLETE AND ACCURATE, AND I AGREE TO BE BOUND TO THE TERMS AND CONDITIONS HEREIN. I HEREBY AUTHORIZE THE BANK REFERENCES AND TRADE REFERENCES TO ACCEPT COPIES OF THIS APPLICATION AND TO RELEASE CREDIT OR FINANCIAL INFORMATION ON MY ACCOUNTS TO SELLER.**

Signature \_\_\_\_\_ Print Name \_\_\_\_\_

Date \_\_\_\_\_ Company Name \_\_\_\_\_

### For official use only:

Account Manager \_\_\_\_\_ Sales \_\_\_\_\_ Location \_\_\_\_\_