

CREDIT APPLICATION

Credit Dept Use Only

Date Application Received _____

Notes: _____

Approved by _____

Date Approved _____

Credit Limit _____

Not Approved _____

Notes: _____

Sales Representative:

City State Zip

Previous Address if less than 5 years

Company Contact Person Credit Amount Requested

Ownership Corporation Partnership Other

If Corporation, fill out the following:

President's Name Address

Vice President's Name Address

State Incorporated/Date Contractor's License No. City Resale No.

Owner's Name Home Address Home Phone

Spouse's Name Social Security Number

Please provide Image Craft with 3 Trade References

Name Phone/Fax

Address Type of Business

Name Phone/Fax

Address Type of Business

Name Phone/Fax

Address Type of Business

We herein make application to Image Craft for an open account and/or to reconfirm our existing accounts and balances with Image Craft. If an open account is granted, we promise to pay all bills when rendered. In the even payment is not made and this account is referred for collection, we agree to pay all costs of collection. If suit or action by an attorney is instituted, we promise to pay reasonable attorney fees. It is specifically understood that all billing and accounts receivable functions are processed through headquarters in Phoenix, Maricopa County, Arizona. Consequently, it is understood that in the event of suit or action, same shall take place in Maricopa County, Arizona.

Agreed to by: _____

Signature Owner/Corporate Officers/Co-Partners

Date Signed

The undersigned jointly and severally personally guarantee the payment of all amounts set forth above.

By Personal Guarantor

By Personal Guarantor

IF FAXING THIS APPLICATION, PLEASE ALSO MAIL THE ORIGINAL SIGNED FORM ASAP.



3401 East Broadway Road, Phoenix, AZ 85040 800.628.9662 Fax: 602.232.0719