



Credit Application for a Business Account

IMAGE SALES, INC.
1200 CONCORD AVE., STE. 260
CONCORD, CA 94520
Ph: 925-849-3400 Fax: 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. Print the form and complete the fields.**
- 2. Sign and enter your Title and the Date.**
- 3. Either fax or email. Send to our fax line, 925-849-3499 ATTN: Alena Lacanglacang.**
If you prefer to email, scan the form and send to the following email address:
Alena.Lacanglacang@imagesales.com

We look forward to doing business with you!

Thank you!