



CREDIT APPLICATION

4532 Telephone Rd #106 • Ventura, CA 93003 • 805.676.1000 • fax 805.676.1001

Thank you for your interest in our products and services. If you would like to open an account with us, we request that you fill out this form and return it to us. Please allow two weeks (approx.) for verification and approval of credit. Orders will remain COD until credit is approved.

Our terms are 1% 10, Net 30 EOM to firms who have established credit with us. All payments are due 30 days from the month-end statement; a 1% discount can be taken if invoices are paid within 10 days of invoice date. Past due balances will be charged 1.5% per month (18% annual) even though this does not appear on printed invoices.

Checks redeposited for NSF will lose any discounts and will be charged an additional \$25.00 processing fee. Customers placed for collection will be responsible for any attorney fees, court costs, and collection fees.

COMPANY NAME _____ FEDERAL ID OR SS NUMBER _____

OWNER(S) NAME(S) _____

BUSINESS ADDRESS _____ CITY _____ STATE _____ ZIP _____

PHONE () _____ FAX () _____

DO YOU REQUIRE A PO? _____ IF NOT, WHO IS AUTHORIZED TO DROP OFF & PICK UP? _____

NAME & DL NUMBER(S) OF AUTHORIZED CHECK SIGNER(S) _____

HOW LONG IN BUSINESS? _____ HOW LONG AT LOCATION? _____ DUNN & BRADSTREET NUMBER _____

CORPORATION PARTNERSHIP INDIVIDUAL CHECK HERE IF INCORPORATED WITHIN THE PAST 12 MONTHS

ACCOUNTS PAYABLE CONTACT _____ PHONE () _____ FAX () _____

Please furnish four trade references and bank information:

1.	()	()		
REFERENCE NAME	PHONE	FAX	ACCOUNT #	
ADDRESS	CITY	STATE	ZIP	
2.	()	()		
REFERENCE NAME	PHONE	FAX	ACCOUNT #	
ADDRESS	CITY	STATE	ZIP	
3.	()	()		
REFERENCE NAME	PHONE	FAX	ACCOUNT #	
ADDRESS	CITY	STATE	ZIP	
4.	()	()		
REFERENCE NAME	PHONE	FAX	ACCOUNT #	
ADDRESS	CITY	STATE	ZIP	
BANK		()		
BANK NAME	BANK CONTACT	PHONE	ACCOUNT #	

BRANCH ADDRESS _____ HOW LONG AT BANK? _____

I agree to the terms of payment as stated above and to pay reasonable costs of collection and attorney's fees. I hereby authorize my creditors and my bank of record to release information regarding my account(s) to The Image Source.

FIRM NAME _____ DATE _____

BY _____ TITLE _____