



**Image Specialists**  
Ink Solutions for Digital Printing

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### OPEN ACCOUNT CREDIT APPLICATION

FIRM NAME			TELEPHONE		
ADDRESS		CITY		STATE	ZIP
NAME OF PARENT COMPANY, IF SUBSIDIARY DIVISION					
ADDRESS		CITY		STATE	ZIP
TYPE OF OWNERSHIP <input type="checkbox"/> CORPORATION <input type="checkbox"/> PARTNERSHIP <input type="checkbox"/> SOLE PROPRIETOR				HOW LONG IN PRESENT BUSINESS?	
TYPE OF BUSINESS			YEAR INCORPORATED		NUMBER OF EMPLOYEES
TAX STATUS OF PURCHASER <input type="checkbox"/> ALL TAXABLE <input type="checkbox"/> ALL ITEMS TAX EXEMPT			TAX EXEMPT NUMBER		TAX EXEMPT CERTIFICATE ENCLOSED <input type="checkbox"/> YES <input type="checkbox"/> NO

### CREDIT REFERENCES

NAME				NAME			
ADDRESS				ADDRESS			
CITY	STATE	ZIP	PHONE	CITY	STATE	ZIP	PHONE
NAME				NAME			
ADDRESS				ADDRESS			
CITY	STATE	ZIP	PHONE	CITY	STATE	ZIP	PHONE

### BANK REFERENCE(S)

NAME		ADDRESS		PHONE	
BRANCH		CITY		STATE	ZIP
NAME OF YOUR ACCOUNT OFFICER		ACCOUNT NUMBER		ACCOUNT TYPE <input type="checkbox"/> COMMERCIAL <input type="checkbox"/> SAVINGS <input type="checkbox"/> OTHER	

### BANK REFERENCE(S)

NAME		ADDRESS		PHONE	
BRANCH		CITY		STATE	ZIP
NAME OF YOUR ACCOUNT OFFICER		ACCOUNT NUMBER		ACCOUNT TYPE <input type="checkbox"/> COMMERCIAL <input type="checkbox"/> SAVINGS <input type="checkbox"/> OTHER	

I hereby certify that I am authorized to represent the entity listed above. I certify the information, as presented on this form, is true and complete and presented to IMAGE SPECIALISTS in order to establish open account (NET 30 DAYS) terms. In consideration of, and in order to induce IMAGE SPECIALISTS to establish open account terms based on the foregoing application, the undersigned promises to pay for all purchases in accordance with IMAGE SPECIALISTS' terms of sale.

In the event it becomes necessary for IMAGE SPECIALISTS to incur collection costs or institute suit to collect any amount due under this agreement, the undersigned promises to pay such additional costs, charges, and expenses, including reasonable attorney's fees if the account is placed in the hands of an attorney for collection.

Authorized Signature \_\_\_\_\_ Title \_\_\_\_\_

Printed Signature \_\_\_\_\_ Date \_\_\_\_\_