



ACCURATE IMAGING RESOURCES

22532 AVENIDA EMPRESA
RANCHO SANTA MARGARITA, CA 92688
PHONE: (800) 700-7377
(949) 888-3880
FAX: (949) 888-3883

e-mail: info@accurate-imaging.com

Doc: creditap.doc/ October 4, 2009/Page 1 of 2

DISTRIBUTOR APPLICATION

Date: _____ By: _____
Credit Limit \$ _____ Terms: _____
FOR INTERNAL USE ONLY. DO NOT WRITE HERE.

SECTION 1: For the purpose of obtaining credit, the following statement is made intending that you should rely on same as correct.

Firm Name _____ Phone Number _____
Office Address _____ Fax Number _____
City _____ State _____ Zip Code _____
Email _____ Resale Permit Number _____
Federal ID Number _____ Held in what name? _____
Operating as a: Corp. ___ Partnership ___ Limited Partnership ___ Individual ___
In Business Since _____ Name of Parent Company (if subsidiary) _____
In Present Location Since _____ Is this location: ___ owned ___ leased from whom? _____

Owner or Officer _____ Title _____ (_____) _____
Home Phone Number _____

**CHECK ONE: NET30 OR COD AND COMPLETE SECTIONS 2 & 3
(CREDIT CARD APPLICATION GO TO SECTION 3)**

SECTION 2: Ever had a business failure? ___ Yes ___ No If yes, use the other side to give particulars.

We expect our monthly credit requirements from you to be about \$ _____

Residence Address _____ Social Security Number _____ Driver's License Number _____

Owner or Officer _____ Title _____ (_____) _____
Home Phone Number _____

Residence Address _____ Social Security Number _____ Driver's License Number _____
Bank _____ Branch _____ Phone (_____) _____
Address _____ Checking Account Number _____

Bank employee who we should speak with regarding your account? _____

Will you make available current periodic statements necessary for credit purposes? _____ If yes, please attach most current.

References: Please list your current major suppliers (at least three). Give only the names of those you buy from on open account.

- 1. _____
- 2. _____
- 3. _____

