

Account Application

Check or answer, as appropriate:

Sole Proprietorship Partnership Corporation

Tax ID number or S.S.#: _____

Type of business: _____

Years in business: ____ Number of employees: ____

Contact person for Accounts Payable: _____

Are purchase orders required: _____

Own building Rent

If renting, from whom? _____

Owners Phone: _____

Payment is due in full, as evidenced by the monthly statement, no later than thirty (30) days following the end of the month in which the amounts were incurred. Amounts not paid within this period are considered delinquent and will be charged 1.5% interest per month.

Any amount which has not been paid within ninety (90) days following the end of the month in which it was incurred shall be grounds for canceling of credit privileges. We then reserve the right, without liability and without prejudice to any other remedies, to suspend our performance, decline to ship, or stop any work in progress until we receive payment of all amounts due to us.

In case suit or action is instituted to collect any delinquent amount, the customer agrees to pay, in addition to amount of the delinquent account and interest, all collector's and/or attorney's fees.

Applicant's signature attests to financial responsibility, ability and willingness to pay any amounts incurred within the above terms. Applicant warrants that credit sought is not for personal or consumer debt or use.

All the information I have given on this application is true and correct. I understand that you will confirm this information and retain the application whether or not my application is approved, or it is withdrawn.

You are also authorized to request and receive information about me and, my credit expense from others such as Banks, Credit Unions, Savings & Loan Companies, Dun & Bradstreet or Credit bureaus.

Signature: _____

Print Name: _____

Title: _____

Date: _____

Firm Name: _____

Attention: _____

Billing Address: _____

City: _____ State: ____ Zip: _____

Business Telephone () _____ Fax: () _____

E-mail Address: _____

Ship to Address: _____

Street: _____

City: _____ State: ____ Zip: _____

Full name of principal owners or authorized officers of corporation.

Name: _____

Title: _____

Name: _____

Title: _____

Name: _____

Title: _____

Trade References: (please supply three)

Name: _____ Phone: _____

Address: _____ City/Zip: _____

Name: _____ Phone: _____

Address: _____ City/Zip: _____

Name: _____ Phone: _____

Address: _____ City/Zip: _____

Bank Reference:

Bank Name: _____

Account Number: _____

Branch: _____

Branch Officer Contact: _____

Bank Address: _____



CAPITAL
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