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444 Front Street
 Laurel, MS 39440
 Phone (601)264-5700
 Fax (601)261-9711

Credit Application

1. COMPANY INFORMATION (APPLICANT)

TYPE OR PRINT NEATLY

FULL LEGAL NAME/BUSINESS ENTITY		PHONE NUMBER	FAX NUMBER	
DOING BUSINESS AS (DBA)				
BILLING ADDRESS		CITY	STATE	ZIP
COMPANY TYPE				
<input type="checkbox"/> PROPRIETORSHIP <input type="checkbox"/> PARTNERSHIP <input type="checkbox"/> FRANCHISE <input type="checkbox"/> CORPORATION <input type="checkbox"/> OTHER				
NUMBER OF EMPLOYEES	YEAR ESTABLISHED	ANNUAL SALES	TYPE BUSINESS/ORGANIZATION	
FEDERAL TAX ID				
EMAIL ADDRESS			WEB SITE ADDRESS	
PLEASE ATTACH SALES TAX EXEMPTION CERTIFICATE				

2. OWNER/PERSONAL INFORMATION

FULL NAME		TITLE	SOCIAL SECURITY NUMBER		
HOME ADDRESS	CITY	STATE	ZIP	PHONE	
EMAIL ADDRESS					

3. BANK REFERENCES

BANK NAME	CONTACT	PHONE	ACCOUNT NUMBER		
ADDRESS	CITY	STATE	ZIP	YEARS AS CUSTOMER	

3. TRADE REFERENCES (ATTACH SHEET - NEED 3 OR 4 YOU HAVE HAD CREDIT WITH)

COMPANY NAME	CONTACT		PHONE		
ADDRESS	CITY	STATE	ZIP	EMAIL ADDRESS	

THE APPLICANT HEREBY APPLIES FOR CREDIT AND AFFIRMS FINANCIAL RESPONSIBILITY, ABILITY AND WILLINGNESS TO PAY INVOICES IN ACCORDANCE WITH PUBLISHED TERMS. THE ABOVE INFORMATION IS WARRANTED TO BE TRUE AND COMPLETE. THE APPLICANT HEREBY AUTHORIZES IMAGING SOLUTIONS TO VERIFY AND COLLECT INFORMATION ON THE APPLICANT, INCLUDING BUT NOT LIMITED TO BANK REFERENCES, CONSUMER AND /OR COMMERCIAL CREDIT REPORTS.

TERMS OF SALE: ACCOUNTS ARE PAYABLE WITHIN 30 DAYS OF **INVOICE DATE**. A FINANCE CHARGE OF 1 ½% PER MONTH (18% PER YEAR) OR APPLICABLE STATUTORY LIMIT WILL BE CHARGED ON UNPAID BALANCE OF PAST DUE ACCOUNTS. IN THE EVENT OF DEFAULT, THE APPLICANT AGREES TO PAY ALL COST OF COLLECTION INCLUDING A REASONABLE ATTORNEYS FEE AND COURT COST. THE APPLICANT UNDERSTANDS THAT ORDERS UNDER \$500 MAY REQUIRE PAYMENTS BY CREDIT CARD OR PAYMENTS UP FRONT AT THE SOLE DISCRETION OF IMAGING SOLUTIONS. THE APPLICANT UNDERSTANDS THAT THEY ARE THE LEGALLY BINDING PURCHASER AND AGREE TO ALL OF THE TERMS AND CONDITIONS HEREIN. THE APPLICANT AGREES THAT ALL DECISIONS WITH RESPECT TO THE EXTENSION OR CONTINUATION OF CREDIT SHALL BE IN THE SOLE DISCRETION OF IMAGING SOLUTIONS.

SIGNATURE(S) _____

DATE: _____

**RETURN BY FAX TO (601)261-9711 ATTENTION CREDIT DEPARTMENT PHONE: (601)264-5700
 IMAGING SOLUTIONS P. O. BOX 171 LAUREL, MS 39441**