



ACCOUNT / CREDIT APPLICATION

BUSINESS INFORMATION

Business or Corporate Name: _____ Date: _____

Billing Address: _____ City: _____ State: _____ Zip Code: _____

Email: _____ Phone: _____ Fax: _____

Mailing Address (if different): _____ City: _____ State: _____ Zip Code: _____

Type of Business: _____ Year Established: _____ Other Branch Offices: Yes No

Corporation Partnership Proprietorship FID/TIN# _____

Do you prefer to order online? Yes _____ No _____ Estimated Monthly Credit Usage: _____

Are you a resale company? Yes _____ No _____ *If so, please provide us with a resale card when you submit your application.*

Primary A/P Contact: _____ Title: _____ Email: _____

Please list the following for each Principal / Partner / Proprietor:

Name: _____ Title: _____ Email: _____

Name: _____ Title: _____ Email: _____

Name: _____ Title: _____ Email: _____

Please list the primary contacts that will be using Crisp Imaging's services:

Primary Contact: _____ Title: _____ Email: _____

Primary Contact: _____ Title: _____ Email: _____

Please check the Crisp Imaging Divisions you intend to use: Color Reprographics Technology

Your primary vendor(s): _____

How did you hear about CI? CI Vehicle Website Advertising/Direct Mail Client Referral Event/Promo Code _____

BANK & TRADE REFERENCES

Bank Name: _____ Account Number: _____ Phone: _____

1. Trade Name: _____ Account Number: _____ Phone: _____

2. Trade Name: _____ Account Number: _____ Phone: _____

3. Trade Name: _____ Account Number: _____ Phone: _____

TERMS & CONDITIONS

Applicant's signature attests financial responsibility, ability and willingness to pay all invoices in accordance with invoice terms.

PLEASE NOTE: I have read and agree to the terms and conditions of Crisp Imaging as stated on the reverse side of this application.

This application must be signed by a Firm, Partner, Corporation Officer or Sole Proprietor.

Authorized Signature: _____ **Date:** _____
Principal/Partner/Proprietor

Authorized Signature: _____ **Date:** _____
Principal/Partner/Proprietor

GENERAL

CONDITIONS:

Applicant's signature attests financial responsibility, ability and willingness to pay all invoices in accordance with invoice terms. Applicant agrees to notify Crisp Imaging within 30 days of any change in ownership or address. Sales tax will be added to all invoices unless a valid exemption or resale certificate is on file with Crisp Imaging. Any exceptions to normal tax status must be relayed to Crisp Imaging in writing.

Terms of Payment: All prices are subject to change with or without notice. Invoice payment terms are net 30 days from document date. Amounts owing past 30 days are subject to a 1.5% monthly late fee of total amount owed. If your account is not paid in full when due, orders are subject to be shipped on a C.O.D. basis.

Collection of Accounts: In the event that Crisp Imaging is required to assign this account to a collection agency, or file suit to enforce collection, I/We agree to pay all reasonable collection and attorney fees, and actual court costs associated. Upon default of any sum due under this agreement, the entire unpaid balance shall, at the option of Crisp Imaging, become immediately due and payable. Should litigation be filed to enforce any of the agreements contained herein, I/we agree to jurisdiction and venue in Orange County, California.

Authorization: I/We authorize Crisp Imaging to request all necessary financial information from the banking and trade references listed above. I/We authorize the banking, trade references and credit bureaus to accept copies of this application as authorization to release financial and credit information on the account's name. The undersigned warrants that he/she is authorized to sign on behalf of the company. The undersigned warrants fully understand Crisp Imagings' credit terms and agree to the proper payment in consideration of extended credit.

For Internal Use Only:

Sales Rep: _____ Date Received: _____

Verification by: _____ Credit Limit : _____

Credit approved by: _____ Date: _____