



**Bank Information, including any loans or lines of credit.**

Name	Address	Phone and Fax number	Account Number

How much monthly volume do you normally do? \_\_\_\_\_ Credit limit Requested: \_\_\_\_\_

Would you like your mid-month and monthly statements e-mailed or faxed?(not invoices) \_\_\_\_\_

E-mail Address: \_\_\_\_\_ Fax# \_\_\_\_\_

We (I) agree to pay Precision Imaging and Photo Incorporated per the credit terms of net 30 days on any balance owed, if payment is not made within that time a 2% finance charge will be applied on a monthly basis.

By signing this you are also authorizing Precision Imaging and Photo Incorporated to check any and all references listed on this application. You are also authorizing all your credit and bank references the permission to release information to our Company in order to do a credit check on your Business. A photocopy or fax of this authorization is as effective as an original.

Signature: \_\_\_\_\_ Title: \_\_\_\_\_ Date: \_\_\_\_\_

**For Office use Only**

Credit Approval: \_\_\_\_\_ Account Number: \_\_\_\_\_ Credit Amount: \_\_\_\_\_

Date of Approval: \_\_\_\_\_ Approved By: \_\_\_\_\_

Comments: