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CREDIT APPLICATION

WE WELCOME NEW ACCOUNTS. THE FOLLOWING INFORMATION WILL ENABLE US TO BETTER SERVE YOU.

Complete name of business _____ Corporation Fictitious Name

Address _____ Federal ID# _____

City/State _____ Zip _____ Phone _____

Names and addresses of owners and/or principal officers:

Name/Title _____ Address _____

Name/Title _____ Address _____

Years in business _____ Years in present location _____ No. of employees _____

Building: owned leased Type of machinery and equipment _____

The above: owned leased Approximate worth \$ _____

Equipment located at (address) _____

REFERENCES

Bank w/Acct # _____ Address _____

Attorney _____ Address _____

Printing or graphics firms that you or your company have purchased from within the past three years.

1. _____ Address _____

2. _____ Address _____

3. _____ Address _____

Other businesses that you or your company have purchased from within the past three years.

1. _____ Address _____

2. _____ Address _____

Your Terms of Purchase: Purchase orders required? Yes No

Will you honor invoices for work produced on order of ANY of your employees? Yes No If No, name those authorized to purchase:

Other Terms: _____

Our Terms of Sale: An invoice will be mailed for each job produced. At the end of the month a statement will be mailed listing all invoices and a total amount owed for the month. This amount is due and payable upon receipt of statement. Any portion unpaid by the end of that month is considered delinquent and future orders subject to C.O.D. Quality Images reserves the right to limit open credit to a specified amount.

In consideration of your extending credit the undersigned assumes full responsibility for bills incurred as a result of this application. The above named company and/or officers will be liable for reasonable costs of collection to include reasonable attorney's fees.

I hereby authorize the above named firms and banking institutions to furnish information requested by Quality Images to process this application and I agree that the said persons shall not be liable for any claim or damages as a result of furnishing the requested information. I certify that all statements and information contained herein are true and complete and that I am duly authorized to sign as agent for the above named company.

OFFICE USE ONLY

References: _____
Approval: _____ Limit: _____
Terms: _____

By: _____
 (must be signed by officer or owner)

Title: _____

Date: _____