



**APPLICATION FOR CREDIT**  
**Terms: Net 30 Days**

**Bill To Information**    Company Name \_\_\_\_\_  
 Address \_\_\_\_\_  
 City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
 Contact Name \_\_\_\_\_ Title \_\_\_\_\_  
 Phone \_\_\_\_\_ Fax \_\_\_\_\_ Email \_\_\_\_\_

**Our invoices are sent electronically by fax or by email. Please specify your preference (choose one):**

**Email**    Email Address \_\_\_\_\_  
 **Fax**        Fax Number \_\_\_\_\_

**Mailing List Information**    Contact 1 \_\_\_\_\_ Title \_\_\_\_\_  
 Address \_\_\_\_\_  
 City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
 Phone \_\_\_\_\_ Fax \_\_\_\_\_ Email \_\_\_\_\_  
*(Individuals to receive pricing, catalogs, support literature, etc.)*  
 Contact 2 \_\_\_\_\_ Title \_\_\_\_\_  
 Address \_\_\_\_\_  
 City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
 Phone \_\_\_\_\_ Fax \_\_\_\_\_ Email \_\_\_\_\_

**Ownership**    Individual     Partnership     Corporation   
**Please include Company's latest financial statement**

**Principals**    Name \_\_\_\_\_ Title \_\_\_\_\_  
 Address \_\_\_\_\_  
 City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
 Phone \_\_\_\_\_ Fax \_\_\_\_\_ Email \_\_\_\_\_  
 Name \_\_\_\_\_ Title \_\_\_\_\_  
 Address \_\_\_\_\_  
 City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
 Phone \_\_\_\_\_ Fax \_\_\_\_\_ Email \_\_\_\_\_

**Sales Tax Status**

Taxable

Exempt

*If tax exempt, please include a signed copy of current tax-exempt certificate. We must charge sales tax unless certificate is received.*

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**Credit Limit Requested**

\$1,000

\$5,000

\$10,000

\$20,000

\$50,000

Other

\_\_\_\_\_

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**Sales Policy History**

Geographic Coverage Area \_\_\_\_\_

Product Lines Handled \_\_\_\_\_

Current Suppliers \_\_\_\_\_

Sales Volume Last Three (3) Years \_\_\_\_\_

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Image1 Sales Representative \_\_\_\_\_

**References** One (1) bank and three (3) trade references must be supplied. Please fill all of the following information:

**Bank Reference**

Bank \_\_\_\_\_  
 Address \_\_\_\_\_  
 City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
 Contact \_\_\_\_\_ Title \_\_\_\_\_  
 Phone \_\_\_\_\_ Fax \_\_\_\_\_ Account # \_\_\_\_\_

**Trade References**

Name \_\_\_\_\_ Title \_\_\_\_\_  
 Address \_\_\_\_\_  
 City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
 Contact \_\_\_\_\_ Title \_\_\_\_\_  
 Phone \_\_\_\_\_ Fax \_\_\_\_\_ Account # \_\_\_\_\_

Name \_\_\_\_\_ Title \_\_\_\_\_  
 Address \_\_\_\_\_  
 City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
 Contact \_\_\_\_\_ Title \_\_\_\_\_  
 Phone \_\_\_\_\_ Fax \_\_\_\_\_ Account # \_\_\_\_\_

Name \_\_\_\_\_ Title \_\_\_\_\_  
 Address \_\_\_\_\_  
 City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
 Contact \_\_\_\_\_ Title \_\_\_\_\_  
 Phone \_\_\_\_\_ Fax \_\_\_\_\_ Account # \_\_\_\_\_

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**Please mail or fax to:**

Mr. Tom Bergamo, Credit Manager  
Image1.  
307 S Delsea Drive  
Glassboro, NJ 08028

Phone: (856) 881-5524 X203  
Fax: (856) 881-4146

**Remember to include a copy of your tax-exempt certificate.**

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We certify that all the information in this form is correct and that we fully understand your credit terms and agree to the proper payment in consideration of extended credit. In the event of any default, reasonable attorney fees and costs incurred by Image1 will be charged where permitted by law.

Signed \_\_\_\_\_ Title \_\_\_\_\_ Date \_\_\_\_\_

This authorizes the appropriate official of your bank to provide Image1 with any pertinent information relative to our request to establish credit with your organization. Verbal confirmations are acceptable in order to expedite the application.

Our Account Number(s) \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Signed \_\_\_\_\_

Company Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_