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## COMMERCIAL CREDIT APPLICATION

Business Name: \_\_\_\_\_ Date: \_\_\_\_\_

Address: \_\_\_\_\_ Tel#: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ Fax#: \_\_\_\_\_

email: \_\_\_\_\_ Password (for online ordering): \_\_\_\_\_

Description of Business: \_\_\_\_\_

Accounts Payable Contact: \_\_\_\_\_ Years In Business: \_\_\_\_\_

Billing Address: \_\_\_\_\_

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

Sole Proprietor ☐ Partnership ☐ Corporation ☐ Date Incorporated: \_\_\_\_\_ State: \_\_\_\_\_

President: \_\_\_\_\_ Address: \_\_\_\_\_ S.S.# \_\_\_\_\_

Vice-President: \_\_\_\_\_ Address: \_\_\_\_\_ S.S.# \_\_\_\_\_

### Listed Below Are References You May Use in Processing Our Application

I do hereby give my written permission for you to release credit information to The Image Shop.

All information will be held confidential and will only be used for necessary information when considering opening a customer account.

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

Bank: \_\_\_\_\_ Telephone #: \_\_\_\_\_

Address: \_\_\_\_\_ Checking Acct#: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ Savings Acct#: \_\_\_\_\_

### Suppliers

Name: \_\_\_\_\_ Tel#: \_\_\_\_\_ Fax#: \_\_\_\_\_

Name: \_\_\_\_\_ Tel#: \_\_\_\_\_ Fax#: \_\_\_\_\_

Name: \_\_\_\_\_ Tel#: \_\_\_\_\_ Fax#: \_\_\_\_\_

**TERMS:** I understand that invoices are payable Net 20 days from date of invoice.  
A 1-1/2% per month finance charge will be added to all past due accounts.

### For Office Use Only

Date Received: \_\_\_\_\_ Inquiry Sent: \_\_\_\_\_

Date Approved: \_\_\_\_\_ Credit Limit: \_\_\_\_\_

Cust. Notified: \_\_\_\_\_

Signature of Owner/Corporate Officer/Authorized Agent & Title