

Application for Credit

Business Name: _____ Date: _____

Contact Name: _____

Billing Address: _____

Street City State Zip

Phone: _____

Fax: _____

Delivery Address: _____

(if different) Street City State Zip

Credit amount desired per month: \$ _____

Ownership

Name of Principle (s) 1) _____

Phone _____

2) _____

Phone _____

Corporation:

Partnership:

Individual:

Type of Business: _____

Trade References

1) _____

Name Acct# Phone

2) _____

Name Acct# Phone

Requirements

Purchase Order: Job No. Job Name: Signature: Other: _____

Persons Authorized to Charge: _____

Terms: Net 30 days, 1.5% service charge per month on past due accounts. In the event collection becomes necessary, I agree to pay all collection expenses, attorney's fees and court costs expended in the resolution of this account.

Applicant's Signature: _____ Title _____

The above signature authorizes the given references to provide information to Haun Imaging, Inc.