JW PHOTO LABS

620 N. West Street • Raleigh, NC 27603
Phone (919) 832-8525 Fax (919) 831-1271

CUSTOMER CREDIT APPLICATION

Allow Two Weeks To Process

☐ **New Account** ☐ **Change of Information** ☐ **I Would Like To File a Blanket Copyright Release Form**

Name/Corporation:_____ Federal Tax ID/Social Security #_____

Year Established_____ ☐Corporation ☐Individual ☐Partnership Other_____

Bill To:_____
Street or PO Box City County State Zip

Ship To:_____
Street (no PO Boxes Please) City County State Zip

Telephone#:_____ Fax#:_____

Previous Address:_____
(If Less Than 2 Years) Street or PO Box City County State Zip

Names and Titles of Principals 1._____ 2._____

3._____ 4._____

Credit Limit Desired $_____ Est. Monthly Purchases $_____

Briefly Describe the Type of Company and Your Photographic Needs:

Authorized Buyers 1._____Telephone #_____

2._____Telephone #_____

3._____Telephone #_____

4._____Telephone #_____

Purchase Order Required? ☐Yes ☐No Job Release Number Required? ☐Yes ☐No

Accounts Payable Contact Telephone #

Check All Application Boxes: Taxable? ☐**Yes** ☐**No** (Must provide copy of Certificate)
Resale-Sales Tax no._____ ☐Non-Profit Organization ☐Industrial Processing ☐Church ☐Government

Bank Affiliation_____Contact_____Telephone #_____

Credit Reference 1._____ 2._____ 3._____

Address _____ _____ _____

Telephone _____ _____ _____

Fax # _____ _____ _____

THIS IS NOT A PERSONAL GUARANTEE: I hereby represent that I am authorized to submit this application on behalf on the customer named above, and that the information provided is for the purpose of obtaining credit and is warranted to be true. I/We hereby authorize JW Photo Labs to investigate the references listed pertaining to my/our credit and financial responsibility. It is agreed and understood that all necessary collection and legal expenses and interest (at 18% per year) may be charged to debtor in the event of default to pay all goods sold and delivered. I further represent that the customer applying for credit has the financial ability and willingness to pay all invoices within the established terms, **Net 30 days**.

Signature:_____Title:_____Date:_____
(Must be authorized officer)

For Credit Department Use Only: Credit Approved By Credit Limit Salesman Date

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