

CREDIT APPLICATION



COMPANY INFORMATION					
Business Name:			Date Established:		
Current address:					
City:		State:		ZIP Code:	
Phone:		Fax:		Tax Resale No:	
Type Of Business: (please circle one) Corporation Partnership Individual Ownership					
NAMES OF OWNERS/OFFICERS					
Name:			Name:		
Title:			Title:		
Address:			Address:		
City:		State:	Zip Code:		
We estimate our monthly credit requirements from Speedpro Imaging to be \$					
BANK REFERENCE					
Bank Name:					
Address:					
City:		State:		Zip Code:	
Phone:		Fax:		Contact Name:	
Type Of Bank Account (Please Circle) Checking Savings Loan Secured Unsecured					
Account/Loan No:					
BUSINESS REFERENCES					
Name:			Name:		
Address:			Address:		
City:		State:	Zip Code:		
Phone:		Fax:			
Contact Name:			Contact Name:		
Name:			Name:		
Address:			Address:		
City:		State:	Zip Code:		
Phone:		Fax:			
Contact Name:			Contact Name:		
CONFIRMATION OF INFORMATION ACCURACY AND PERSONAL GUARANTEE					

I, (we) hereby certify that the information in this application is correct. The information included in this application is for use by Speedpro Imaging Services Group, in determining the amount and conditions of credit to be extended. I, (we) understand that Speedpro Imaging Services Group may also utilize the other sources of credit which is necessary in making this determination. Further I (we) hereby authorize the bank and trade references listed in this application to release the information necessary for Speedpro Imaging Services Group, in establishing a line of credit. I, (we) understand that Speedpro Imaging Services Group will impose a 1.5% per month finance charge on all overdue accounts. I, (we) individually, personally, jointly, severally guarantee payment on this account. This personal guarantee cannot be changed orally. Applicant(s) will be responsible for reasonable collection and/or legal costs incurred for non-payment. I (we) agree that Speedpro Imaging Services Group may charge the credit card listed below for any amounts owing over 30 days, with an administrative and convenience fee in the amount of 3.5% of any charges processed via credit card. Read and accepted by the undersigned subject to terms and conditions.

Authorized Signature _____ Title _____ Date _____
 Credit Card number _____ Exp Date _____ Name on Card _____
 Billing Zip for Credit Card _____

Please mail, email or scan this application to: Speedpro Imaging Services Group, 140C Commerce Way, Totowa, NJ 07512