

CUSTOMER APPLICATION

(a copy of your resale certificate must be returned with completed application)

PLEASE PRINT YOUR INFORMATION LEGIBLY and fax or mail to the attention of: _____

1. Name of Business _____
2. Trade Name/DBA (if any) _____ Resale# _____
Street Address _____
City _____ State _____ Zip Code _____
Phone No. _____ Fax No. _____
Email _____ Website _____

Would you like us to send you price updates, special promotions, new product information, etc. by:

Fax or Email ?

Sales Contact (buyer) _____ Credit Contact (accounts payable) _____

3. Premises occupied (street level store, upstairs, mall, etc.) _____
4. Individual Owner Partnership Corporation 5. If Partnership, name partners, if Corporation, name **ALL** Officers: _____

6. Date Business Established _____ How long at present location _____

7. If new enterprise (under one year), furnish previous business connections of owner or principals: _____

8. Give brief outline of business experience and qualifications: _____

9. Type of business. (check the classifications applying to your business.): Ecommerce Mail Order (Computer)
 Retail Photo Specialty Dealer Pro Lab Stationery/Office VAR Mail Order (Photo)
 Wholesale/Distributor Mini Lab Retail (Computer) Other _____

10. Are you a member of a buying group? Town & Country PRO IPI Other _____

11. Which of our products are you most interested in? _____

12. Furnish approximate value of stock of photographic/digital imaging goods carried: \$ _____
Value of other goods carried: \$ _____

13. Trade References: Furnish at least three manufacturers or wholesale distributors of photographic/electronic products:

| NAME | ADDRESS | PHONE# | ACCOUNT # |
|------|---------|--------|-----------|
|------|---------|--------|-----------|

1. _____
2. _____
3. _____
4. _____

14. Bank Name _____ Account No. _____
Address _____ Phone No. _____

15. For first shipment(s), will you accept C.O.D. or credit card billing pending processing of credit information?
 C.O.D. Visa MC Card # _____ Exp. Date _____
Name on Card _____ Billing Address _____

16. Would you prefer your regular terms to be C.O.D. Yes No or Credit Card Account? Yes No

17. How did you hear of Argraph Corporation? _____

1 1/2 % per month (18% per annum) service charge on past due invoices. In the event this account is placed in the hands of an outside agency for collection or suit is instituted to collect same or any portion thereof, We/I agree and promise to pay all fees and costs incurred by Argraph Corporation. We/I will personally and faithfully guarantee the payment of all credit extended to said corporation.

Print Name _____ Signature _____ Date _____

Please use other side for any additional remarks.