

## 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.