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 www.accentimaging.com

# Account Application

Date \_\_\_\_\_

FOR IN-HOUSE USE

Account Manager \_\_\_\_\_ Approved/Declined \_\_\_\_\_

## Billing Information (please print)

Company \_\_\_\_\_ Website \_\_\_\_\_

Contact/Title \_\_\_\_\_ / \_\_\_\_\_ e-mail \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ County \_\_\_\_\_ Zip \_\_\_\_\_

Phone/Extension \_\_\_\_\_ Fax \_\_\_\_\_

## Shipping Information Same as Billing

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ County \_\_\_\_\_ Zip \_\_\_\_\_

Phone/Extension \_\_\_\_\_ Fax \_\_\_\_\_

## Account Interest (please check all that apply)

Reprographics     Color Graphics     Supplies     Equipment     Other \_\_\_\_\_

## Company Information

Type of business or service \_\_\_\_\_

Number of years in business \_\_\_\_\_ Dun & Bradstreet Rating (if applicable) \_\_\_\_\_

Tax Exempt?     YES     NO     1%    If yes, attach copy of exemption certificate.

Is the account to be administered by a purchase order system?     YES     NO

## Current Trade References (2 required)

Name \_\_\_\_\_ Name \_\_\_\_\_

Contact \_\_\_\_\_ Contact \_\_\_\_\_

Account Number \_\_\_\_\_ Account Number \_\_\_\_\_

Phone \_\_\_\_\_ Phone \_\_\_\_\_

Address \_\_\_\_\_ Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

## Bank Reference (required)

Bank/Credit Union Name \_\_\_\_\_ Account No. \_\_\_\_\_

Address \_\_\_\_\_ Phone \_\_\_\_\_

**TERMS: Accent Imaging, Inc. account terms are NET 30.** All accounts are due and payable according to the terms stated on the invoice. A service charge of 1-1/2% per month will be charged on all outstanding balances over 60 days from the date of the invoice. This is an annual interest rate of 18%. All accounts over 60 days are automatically placed on C.O.D. until they are made current. All costs incurred for collection, including reasonable attorney fees, will be the responsibility of the applicant. I acknowledge that I have read and understand the terms that are outlined above, and hereby certify that the applicant unconditionally agrees to abide by them. I am authorized to sign this request for credit.

## Signature

Authorized Signature \_\_\_\_\_ Date \_\_\_\_\_

Printed Name \_\_\_\_\_ Title \_\_\_\_\_