

8121 Brownleigh Drive Raleigh, NC 27617 919.782.3332 fax 919.783.0702

Charge Account Application

Date FOR IN-HOUSE USE

IMAGING www.accentimaging.com		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	□ Ot	her	
Company Information					
Type of business or service					
Number of years in business	Dun & E	Bradstreet Rating (if ap	plicable)		
Tax Exempt? ☐ YES ☐ NO	□1% If	f yes, attach copy of e	xemption ce	rtificate.	
Is the account to be administered by a purc	hase order system	? □YES	□ NO		
Current Trade References (2 required)	Ne				
Name		Name			
Contact		Contact			
Account Number		Account Number			
Phone	Pho	one			
Address	Add	dress			
City State Zip	p City	у	_State	Zip	
Bank Reference (required)					
Bank/Credit Union Name		Accou	ınt No		
Addross	Phone				

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		