

Photo Chemical Systems, Inc.

Printed Circuit & Graphic Printing Products

Sales Application

105 Forest Drive, Knightdale, NC 27545 Tel: 919-266-4463 Fax: 919-266-7643

Please complete all sections of this application. Missing information and/or signatures may delay credit approval.

Company Name		Phone #:		Fax #:	
Billing Address		City		State	Zip:
Shipping Address		City		State	Zip:
Date Established		Parent Company			
Former Business Name/Address (if less than 5 years)					
Has the firm or any of its Principals ever filed bankruptcy?	No	Yes	(If yes, explain:)		

Credit Contact:		Phone #:		E-mail:	
Federal ID #		D&B #:			

TAX STATUS: (ATTACH A COPY OF TAX EXEMPTION CERTIFICATE) (Check Appropriate Status:)

Direct Pay		Exempt-Mfg.	
Exempt-Resale		Fully Taxable	

COUNTY IN WHICH BUSINESS IS LOCATED:

(THE PROPER STATE SALES EXEMPTION CERTIFICATE MUST BE PROVIDED IN ORDER TO AVOID APPLICABLE TAXES BEING CHARGED.)

CREDIT REFERENCE INFORMATION:

BANK: ACCT. # Phone:

TRADE: (We require a minimum of three suppliers of major products. Do not list D&B.)

(FAX NUMBERS ARE REQUIRED:)

1. Company	<input style="width: 100%;" type="text"/>	Tel:	<input style="width: 100%;" type="text"/>	Fax:	<input style="width: 100%;" type="text"/>
2. Company	<input style="width: 100%;" type="text"/>	Tel:	<input style="width: 100%;" type="text"/>	Fax:	<input style="width: 100%;" type="text"/>
3. Company	<input style="width: 100%;" type="text"/>	Tel:	<input style="width: 100%;" type="text"/>	Fax:	<input style="width: 100%;" type="text"/>

Personal Guarantee

In consideration of credit being extended to the above named applicant, the undersigned guarantor(s) each contract and guarantee to make faithful payment, when due, of all accounts of the applicant. The undersigned guarantor(s) each expressly requests notice of acceptance of this guarantee, notice of extension of credit to applicant, presentment or demand for payment and any notice of default by applicant. Revocation of guarantee shall be in writing and delivered by certified mail to: (Complete name and address required for notification.)

<input style="width: 90%;" type="text"/>	<input style="width: 90%;" type="text"/>
Name (Signature)	Print Name
<input style="width: 90%;" type="text"/>	<input style="width: 90%;" type="text"/>
Name (Signature)	Print Name

The foregoing statement has been made to Photo Chemical Systems for the purpose of obtaining credit merchandise. The undersigned is authorized to make application for credit with Photo Chemical Systems on behalf of the above business name address and in support of such application makes the following statements:

1. We authorize Photo Chemical Systems to make inquiry from references given and other commercial and financial credit sources for verification for credit reliability.
2. We accept your credit terms of Net 30 Days.
3. We understand that all products are sold without warranties expressed or implied.
4. We agree to pay any collection costs incurred to collect the account balance, including court costs, collection fees and attorney's fees of not less than 33% of the unpaid principal.

Signed	<input style="width: 90%;" type="text"/>	Print Name	<input style="width: 90%;" type="text"/>
Title	<input style="width: 90%;" type="text"/>	Date	<input style="width: 90%;" type="text"/>

E mail address:

If you prefer us to use your UPS or Fed Ex acct. # for freight, please provide it below. Otherwise we will ship prepaid and add at the time of invoicing. UPS acct. # Fed Ex acct. #
 Other carrier preference (LTL carrier if needed)