

ACCOUNT APPLICATION

Credit Requirements

In business a minimum of 2 years

Established credit with a minimum of 3 vendors

Newer photographers may establish credit with timely payment for 3 consecutive rentals

LEGAL BUSINESS NAME _____

DBA _____

OWNER/OFFICER _____

TITLE _____

BUSINESS ADDRESS: _____

PHONE NUMBER: _____

W _____

M _____

E-MAIL _____

FAX _____

YEARS IN BUSINESS _____

TYPE OF BUSINESS _____

BUSINESS STRUCTURE: _____ Corporation _____ LLC _____ Partnership _____ Sole Proprietorship

ACCOUNTS PAYABLE _____

A/P PHONE _____

RESALE PERMIT # _____

FEDERAL TAX ID# _____

(Attach copy of certificate)

PLEASE LIST THREE VENDORS AS CREDIT REFERENCES

<u>BUSINESS NAME</u>	<u>CONTACT</u>	<u>ADDRESS</u>	<u>PHONE</u>	<u>LENGTH OF RELATIONSHIP</u>

The signature on this form authorizes **L.A. Photo Group, Inc., d/b/a SYNC** to verify the information above, and to contact your references in order to determine credit status. If for any reason this application is declined, we look forward to serving your ongoing needs on a C.O.D. basis.

SIGNATURE _____ DATE _____

THANK YOU FOR YOUR BUSINESS!

