

CREDIT APPLICATION



Date: _____
Account Number: _____

Please fill out the form completely and fax to 440-942-1388. This Information is used to set up your account and must be accurate and legible.

1151 WESTWOOD DR
WILLOUGHBY, OH 44094

Phone: 440-942-1241
Fax: 440-942-1388

Bill to Name:

Address: _____
City, State, Zip _____

Primary Contact Name: _____
Primary Contact Phone: _____ Fax: _____

Ship to Name:

Address: _____
City, State, Zip _____

Primary Contact Name: _____
Primary Contact Phone: _____ Fax: _____

Taxable: Yes No (If No, Attach Tax Exempt form and fax with application.)

Organization: Individual Partnership Corporation Government Other (Specify)

Type of Business: _____

Principals, Partners and Officers:

Name: _____ SS# _____ DOB _____
Home Address _____ City _____ ST _____ Zip _____

Name: _____ SS# _____ DOB _____
Home Address _____ City _____ ST _____ Zip _____

Name: _____ SS# _____ DOB _____
Home Address _____ City _____ ST _____ Zip _____

Bank & Trade Reference:

BANK Name _____ **Branch** _____ **City** _____ **State** _____
Phone # _____ **Contact:** _____
Account Number _____ **Account Type** _____
Dun & Bradstreet Number (If Known) _____

Trade Name _____ **City** _____ **State** _____
Phone # _____ **Contact Person** _____

Trade Name _____ **City** _____ **State** _____
Phone # _____ **Contact Person** _____

Trade Name _____ **City** _____ **State** _____
Phone # _____ **Contact Person** _____



The undersigned certifies the above information given for credit purposes is true, and authorizes JZ Imaging & Consulting to investigate the references. The undersigned authorizes all parties to release credit and financial information requested as a process of said investigation.

Name _____ **Signature:** _____ **Date:** _____