

Account Application



Business Name _____ Year Started _____

Type of business _____ Billing address if different:

Address _____ Address _____

City _____ State _____ Zip _____ City _____ State _____ Zip _____

Phone _____ Email _____ Contact _____

Sole Ownership _____ Partnership _____ Corporation _____ Other _____

Owner/CEO _____ Phone _____

SS# _____ Calif DL# _____

Bank _____ Phone _____

Account No. _____ Credit Card # _____

Trade & Credit Reference: _____ Ph _____

Trade & Credit Reference: _____ Ph _____

Calif Resale # _____ (If work is for resale, attach signed resale card)

Estimated monthly charges \$ _____

Authorized signers: (Please PRINT names of those authorized to charge on the account)

Terms: Invoices will be given in duplicate with delivery of work. Statements will be mailed on the 1st of each month. Payment is due NET 30 from date of statement. Balances outstanding beyond the 30 days terms will incur a 1.5% per month finance charge (\$0.50 min). It is understood that the terms of sale will be C.O.D. until credit has been approved.

Applicant's signature attests financial responsibility, ability and agreement to pay invoices in accordance with our terms. Applicant agrees to (1) allow Fromex Photo & Digital to conduct a routine credit check, (2) authorize Fromex Photo & Digital to transfer any invoices over 90 days past due to the above credit card, and (3) pay reasonable attorney fees in case of default in payment.

Signature _____ Date _____

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