

Credit Application

900 SE Sandy Blvd., Portland, OR 97214 503-274-2030 • Fax: 503-222-1879

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Company Informat	tion					
	Company Name					
Billing Information						
	Street:					
				State:	Zip+4:	
	Phone:		Website:			
Shipping Information	_					
	Street:			Ctata	7:-14.	
	City:			State:	Zip+4:	
Type of Business	Corporation	State: Sole	e Proprietorship		Other:	
Nature of Business:	•			ıblished:		
Full Name of Owner a				Title:		
Owner/President E-m				Phone:		
Federal ID#/Social Se						
Accts Payable Email		_	Phone:			
Accis i ayable Lillali i				- FIIOHE.		
Bank Information						
Bank Name:			Contact:			
Full Address:						
Acct. Type:	Acct	#:	Phone:		Fax:	
Credit References						
Name:			Phone:		Fax:	
Address:				Contact:		
Name:			Phone:		Fax:	
Address:			(Contact:		
performance and sa mages, specifically services rendered a only on the satisfact necessary for Precis Guarantors agree th	tee unto Genesis Interstitisfaction of all presinction of all presinction of all presinction of products sold tion of each and evention Images to institute this guaranty ma	sent and future obligations mitation all obligations, inc by Precision Images to C ery obligation of Customer	ision Images ("Precision of sof sof sold of so	on Images") the ations, arising ty is a continuing Guarantors accustomer in ores on the nonpa	ng one and shall terminate gree that it shall not be der to enforce this guaranty. yment when due of any	
Print Na	ame	Signature	Date	Email Addr	ess	
Drint No	amo	Signaturo	Dato	Email Addr	000	