

Credit Application

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

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Company Informatio	on					
	Company Name					
Billing Information						
	Street:					
	City:			State: Zip+4:		
	Phone:	Fax:	Website: _			
Shipping Information	Street:					
	City:		S	State: Zip+4:		
Type of Business						
	Corporation S	State: Sol	e Proprietorship			
Nature of Business:			Year Estab	blished: # of Employees:		
Full Name of Owner and	d/or President:			Title:		
Owner/President E-mail	Address:			Phone:		
Federal ID#/Social Secเ	urity Number:		_			
Accts Payable Email Ad	ldress:			Phone:		
Bank Information						
Bank Name:				Contact:		
Full Address:						
Acct. Type:	Acct. #	:	Phone:	Fax:		
Credit References						
Name:			Phone:	Fax:		
Address:			C	Contact:		
Name:			Phone:	Fax:		
Address:				ontact:		
Audiess						
performance and satis Images, specifically in services rendered and only on the satisfactio necessary for Precision Guarantors agree tha	e unto Genesis Investigation of all preser of action of all preser of unity without limited door products sold by on of each and every on Images to institute this guaranty may	nt and future obligations tation all obligations, independent of Precision Images to Corobligation of Custome e suite or exhaust its lesse immediately enforces	ision Images ("Precisions of	y and severally, unconditionally and n Images") the full and prompt payment, ("Customer") to Precision tions, arising directly or indirectly from y is a continuing one and shall terminate Guarantors agree that it shall not be customer in order to enforce this guarant on the nonpayment when due of any stomer to Precision Images.		
Print Nam	e	Signature	Date	Email Address		
Print Nam	ie .	Signature	Date	Email Address		