



OPEN ACCOUNT CREDIT APPLICATION/AGREEMENT

BUSINESS INFORMATION

Business Name/Individual Name _____

Contact Person _____

Address _____ City _____ State _____ Zip _____

Phone # _____ Fax # _____ Email _____

Type of Business: Corporation Partnership Sole Proprietorship

Tax ID # _____ State of Inc. _____ Year _____

Check any that apply:

Is your company a non-profit or tax exempt organization?

Is your purchase for resale?

Is your purchase of promotional materials that will be distributed to your customers by mail at no cost to them?

BANK REFERENCES

Bank Name _____ Branch # _____

Address _____ City _____ State _____ Zip _____

Bank Contact _____ Phone # _____

Account # _____ DUNS # _____

TRADE/CREDIT REFERENCES

First Reference: Business Name/Individual Name _____

Address _____ City _____ State _____ Zip _____

Phone # _____ Fax # _____ Email _____

Second Reference: Business Name/Individual Name _____

Address _____ City _____ State _____ Zip _____

Phone # _____ Fax # _____ Email _____

CREDIT CARD INFORMATION

Credit Card Type _____ Credit Card # _____ Exp. Date _____

Credit Card Holders Name _____

Address _____ City _____ State _____ Zip _____

THE APPLICANT AGREES TO THE TERMS AND CONDITIONS OF MIRODDI IMAGING INC. AND ITS SUBSIDIARIES OPEN ACCOUNT AGREEMENT AS FOLLOWS: The applicant hereby gives permission to disclose its experience with the bank and trade references and large credit reporting agencies indicated above to Miroddi Imaging Inc. and its subsidiaries. This information is to be used in consideration of granting an open credit account to the applicant.

Full payment is due in thirty (30) days, unless prior arrangements have been made in writing.

All applicable state and county sales taxes are the responsibility of the applicant.

There is a thirty dollar (\$30.00) service charge on all returned checks.

All open account purchases will be secured by the credit card account listed above. All unpaid balances that are in default of the terms of this agreement will be charged to the credit card number listed above after sixty (60) days.

In case of default on the terms of this agreement, the applicant will be responsible for all legal fees, court costs, and collection fees which may result from litigation.

ACCEPTANCE OF TERMS AND CONDITIONS AS HEREBY SET FORTH BY AN AUTHORIZED INDIVIDUAL.

Signature _____ Title _____ Date _____

Credit Card Signature (If different from authorized signature above).

Signature _____ Date _____