

To:	Date: #/Pgs.	<b>IDENTIPHOTO COMPANY, LTD.</b> 1810 Joseph Lloyd Parkway Willoughby, OH 44094-8042 PH: 440-306-9000 / 800-860-9111 FAX: 440-306-9001
Co.: <b>IDENTIPHOTO CO.</b>	From:	
Phone: 440-306-9000		
Fax #: 440-306-9001		

## CREDIT APPLICATION

LINE OF CREDIT REQUESTED: \$ \_\_\_\_\_ D&B NUMER: \_\_\_\_\_ D&B RATING: \_\_\_\_\_ DATE: \_\_\_\_\_  
 BUSINESS NAME: \_\_\_\_\_ PHONE: (\_\_\_\_) \_\_\_\_\_  
 ADDRESS: \_\_\_\_\_ FAX: (\_\_\_\_) \_\_\_\_\_  
 SHIPPING ADDRESS: \_\_\_\_\_  
 D/B/A: \_\_\_\_\_ FEDERAL TAX I.D. #: \_\_\_\_\_  
 # OF EMPLOYEES: \_\_\_\_\_ FORMER BUSINESS ADDRESS: \_\_\_\_\_  
 TYPE OF BUSINESS: \_\_\_\_\_ DATE ESTABLISHED: \_\_\_\_\_ HOW LONG IN BUSINESS? \_\_\_\_\_  
 DOES STATE, COUNTY OR CITY REQUIRE A LICENSE? \_\_\_\_ YES \_\_\_\_ NO IF YES, LICENSE #: \_\_\_\_\_  
 OWNERSHIP: \_\_\_\_\_ SOLE OWNER: \_\_\_\_\_ PARTNERSHIP: \_\_\_\_\_ CORPORATION: \_\_\_\_\_  
 PRINCIPAL NAME: \_\_\_\_\_ PRINCIPAL NAME: \_\_\_\_\_  
 HOME ADDRESS: \_\_\_\_\_ HOME ADDRESS: \_\_\_\_\_  
 CITY: \_\_\_\_\_ ST: \_\_\_\_ ZIP: \_\_\_\_\_ CITY: \_\_\_\_\_ ST: \_\_\_\_ ZIP: \_\_\_\_\_

TRADE REFERENCES (NAME SUPPLIERS OF MAJOR PRODUCTS AND SERVICES THAT HAVE EXTENDED CREDIT TO YOU)

Name: _____ Address: _____ City: _____ St: ____ Zip: _____ PH: _____ FX: _____	P L E A S E	Name: _____ Address: _____ City: _____ St: ____ Zip: _____ PH: _____ FX: _____
Name: _____ Address: _____ City: _____ St: ____ Zip: _____ PH: _____ FX: _____	P R O V I D E	Name: _____ Address: _____ City: _____ St: ____ Zip: _____ PH: _____ FX: _____

<p><u>BANK REFERENCES:</u></p> Name: _____ Address: _____ City: _____ St: ____ Zip: _____ PH: _____ FX: _____ Account #: _____ Contact: _____	F A X  N U M B E R S	<p><u>BANK REFERENCES:</u></p> Name: _____ Address: _____ City: _____ St: ____ Zip: _____ PH: _____ FX: _____ Account #: _____ Contact: _____
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Has the firm or any of its principals ever been bankrupt? \_\_\_\_ Yes \_\_\_\_ No If yes, explain: \_\_\_\_\_

Authorized Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
 Authorized Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**CREDIT CANNOT BE EXTENDED UNTIL THIS FORM IS COMPLETED AND VERIFIED**  
**PLEASE FAX COMPLETED FORM TO IDENTIPHOTO CO. AT: (440) 306-9001**