



# Request for Credit

**Photodon, LLC** Phone: 847-377-1185 Fax: 877-255-2570

Thank you for your interest in our products or services. In consideration of net 30 terms, **please complete all sections of this application.** You may email the application to: [sales@photodon.com](mailto:sales@photodon.com) or fax to 1-877-255-2570. You may include an additional sheet of credit references if you have one already, but please fill out all other sections of this form. We will process this application as soon as possible so there is no delay in processing your order. We will email you once a decision has been made.

Credit Representative: Mandy Peterson 847-377-1185 ext 109

Is this credit request for  Resale  Business Use  Both

## Business Information

<b>Business Name:</b>		
<b>Parent Co/ Subsidiary of:</b>		
<b>Street Address:</b>		
<b>City:</b>	<b>State/Prov:</b>	<b>Zip Code:</b>
<b>Country:</b>	<b>Web Page:</b>	
<b>Type of Business:</b>		<b>Years in Business:</b>
<b>Mailing Address:</b>		
		<b>Country:</b>
<b>Phone:</b>	<b>Tax ID #:</b>	<b>D&amp;B #:</b>
<b>Name of person requesting credit:</b>		
<b>Amount of credit line requested:</b>		
<b>Considering purchasing items:</b>		

## Payment Contact Information

<b>Account Payable Contact Name:</b>	<b>Phone:</b>
<b>Contact E-Mail Address:</b>	<b>Fax:</b>
<b>Email address for invoices:</b>	

## Principle Officer(s)

<b>Last Name:</b>	<b>First Name:</b>	<b>Title:</b>

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## Banking Reference Information

<b>Bank Name:</b>	<b>Account No:</b>	
<b>Address:</b>	<b>Contact Name:</b>	
<b>City, State (Province):</b>	<b>Zip Code:</b>	
<b>Country:</b>	<b>Phone:</b>	<b>Fax:</b>

## Trade References

<b>Business Name:</b>	<b>Account No:</b>	
<b>Address:</b>	<b>Contact Name:</b>	
<b>City, State (Province) :</b>	<b>Zip Code:</b>	
<b>Country:</b>	<b>Phone:</b>	<b>Fax:</b>

<b>Business Name:</b>	<b>Account No:</b>	
<b>Address:</b>	<b>Contact Name:</b>	
<b>City, State (Province):</b>	<b>Zip Code:</b>	
<b>Country:</b>	<b>Phone:</b>	<b>Fax:</b>

### Financial Terms:

1. TERMS ARE NET 30 DAYS.
2. Any past due account is subject to suspension of credit privileges.
3. It is hereby understood and agreed upon that a complete financial and credit investigation will be carried out with conjunction of this application.
4. The information provided on this application is true and correct.
5. You are an owner, officer, member, manager, or partner of the company requesting credit terms.

### Prepayment Agreement:

If credit is granted, the customer agrees and understands that Photodon's terms are **Net 30** days. The customer further agrees and understands that any past due balance over 30 days beyond Photodon's payment terms may be subject to a **2% late fee**. By signing this, I am acknowledging that; I understand the terms of this agreement.

\_\_\_\_\_  
Authorized Signature-Principle Officer

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Title

\_\_\_\_\_  
Date

**Photodon, LLC**  
2682 Garfield Rd N, Ste 21  
Traverse City, MI 49686 USA

Phone: 1-847-377-1185 Fax: 1- 877-255-2570  
Web Page: [www.photodon.com](http://www.photodon.com)  
Email: [sales@photodon.com](mailto:sales@photodon.com)

**FOR OFFICE USE ONLY:**

Net \_\_\_\_ Terms Credit Amount: \_\_\_\_\_

Approved \_\_\_\_\_ Denied \_\_\_\_\_

Date: \_\_\_\_\_

Approved By: \_\_\_\_\_