



Photodon, LLC
1517 Northern Star Dr. Suite A
Traverse City, MI, 49696 USA

Phone: 847-377-1185

Fax: 877-255-2570

Email: sales@photodon.com

Credit Application

Thank you for your interest in our products and services. In consideration of terms, please complete all sections of this application. Be sure to include the amount of credit line requested so we can make a determination based on your needs. You may email the application to: sales@photodon.com or fax to 1-877-255-2570.

We will process this application as soon as possible. Once we have verified your information you will receive an email.

Does your organization have a Sales & Use Tax Exemption? Please submit your Certificate of Exemption to accountspayable@photodon.com

Credit Representative: Mandy Peterson 847-377-1185 ext 103

This credit request is for: Resale Business Use Other:

Business Information

Business Name:			
Parent Co/Subsidiary of:			
Street Address:			
City:	State/Prov:	Zip:	Country:
Phone:		Email:	
Website:		Tax ID#:	D&B#:
Type of Business:		Years In Business:	Annual Sales:
Name of Person Requesting Credit:			
Amount of credit line requested:			
Items of Interest:			

Payment Contact Information

Account Payable Contact Name:	Phone:
Email Address for Invoices:	

Principle Officer(s)

Last Name	First Name	Title

Banking Referencing Information

You may include an additional sheet of credit or banking references if you have one already, but please fill out all other sections of this form.

Bank Name		Account No.	
Address		Contact Name	
City:	State/Prov:	Zip:	Country:
Phone		Fax	

Trade References

Business Name		Account No.	
Address		Contact Name	
City:	State/Prov:	Zip:	Country:
Phone		Fax	

Business Name		Account No.	
Address		Contact Name	
City:	State/Prov:	Zip:	Country:
Phone		Fax	

Financial Terms

TERMS ARE NET 30 DAYS, unless otherwise agreed upon.*

Any past due account is subject to suspension of credit privileges.

It is hereby understood and agreed upon that a complete financial and credit investigation may be carried out with conjunction of this application.

The information provided on this application is true and correct.

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 will be subject to a **2% late fee**.

By signing this, I am acknowledging that I understand the terms of this agreement.

Signature

Title

Date

Email or fax signed application to: sales@photodon.com
877-255-2570

OFFICE USE ONLY:

Date: Approved

Net Terms Denied

Credit Amount:

Approved By: