

Draper Imaging Group

PO Box 880
Coloma, MI 49038
269.849.0416 Voice
269.849.0916 FAX
1.877.849.0416 Toll-free

Please Fax your completed form to 269-849-0916 or mail to Draper Imaging Group, PO Box 880, Coloma, MI 49038

Credit Application

Business Name: _____
Mailing Address: _____
City: _____ State: _____ Zip: _____
Phone: _____ Email: _____

Please give your bank and three suppliers with whom you do business on open account.

Bank Name: _____
Address: _____
City: _____ State: _____ Zip: _____
Account Number: _____
Fax: _____ Phone: _____

Vendor Name: _____
Address: _____
City: _____ State: _____ Zip: _____
Account Number: _____
Fax: _____ Phone: _____

Vendor Name: _____
Address: _____
City: _____ State: _____ Zip: _____
Account Number: _____
Fax: _____ Phone: _____

Vendor Name: _____
Address: _____
City: _____ State: _____ Zip: _____
Account Number: _____
Fax: _____ Phone: _____

Terms of Account

Open accounts are available to customers with an average monthly billing of at least 200.00, or for seasonal accounts with billing of at least 2400.00 annually.

Terms are net 30 days from date of invoice. A monthly statement is issued on the 30th of the month for all open invoices. If payment in full of any invoice due is not received by the due date, the account is considered delinquent and will be placed on COD. The entire balance becomes due and a 1.5% service charge is assessed and added to the outstanding balance each month until the balance is paid in full.

If a transfer of business ownership occurs, a notice of that change must be received at least 30 days prior to the transfer or the account balance remains the responsibility of the individual whose signature is on this document.

I hereby authorize Draper Imaging Group to contact the firms or institutions named for credit information. I have read the Terms of Account and agree to abide by them.

Signature: _____ Date: _____

Print Name of Signing Owner or Officer: _____