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NEW ACCOUNT APPLICATION FORM

CONTACT INFORMATION

COMPANY NAME	
EMAIL	
CONTACT NAME	
STREET ADDRESS	
CITY, STATE ZIP CODE	
PHONE	
FAX	
ADDRESS	
D & B #	

BILLING INFORMATION

BILLING ATTENTION	
TYPE OF BUSINESS	
# OF YEARS IN BUSINESS	
PRINCIPLES / OFFICERS	

PARTNER ASSOCIATION

ASSOCIATION NAME	
MEMBER ID / NAME	
MEMBER EXPIRATION DATE	

CREDIT CARD INFORMATION

CARD NUMBER _____ - _____ - _____ - _____

EXPIRATION DATE: ___/___/___ CVC _____ __ AMEX __ MASTERCARD __ VISA __ DISCOVERY

CARD HOLDERS NAME _____

COMPANY _____

ADDRESS _____

CITY _____ STATE _____ ZIP _____

PHONE NUMBER _____ - _____ - _____

SIGNATURE _____ DATE ___/___/___

Perfect Imaging holds the right to charge the client's credit card for any open invoices pertaining to the client that is open more than 90 days from the billing date.