



CREDIT APPLICATION

BILLING INFORMATION:

Company Name: _____

Billing Address: _____

City: _____ State: _____ Zip: _____

Accounts Payable Contact: _____

Phone: _____ Email: _____

COMPANY INFORMATION:

Owner of Company: _____

Company Type: Individual/Sole Proprietor Corporation Partnership

Federal ID #: _____ Dun & Bradstreet #: _____

BANK INFORMATION

Bank Name: _____

Address: _____ City: _____ State: _____ Zip: _____

Contact: _____ Phone: _____

TRADE REFERENCE

1. Company Name: _____ Account #: _____

Phone: _____ Fax: _____

2. Company Name: _____ Account #: _____

Phone: _____ Fax: _____

3. Company Name: _____ Account #: _____

Phone: _____ Fax: _____

As an officer of this Company, I certify that the information on this form is correct and true and authorize Marco Photo Service, Inc. to contact the references provided. I also guarantee to pay any additional costs which may be incurred by Marco Photo Service, Inc. to collect funds owed by us, including, but not limited to: postage, collection fees, attorney and court costs if such actions become necessary.

Print or Type Name	Date	Signature	Date
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PLEASE NOTE: ALL VERIFICATIONS ARE DONE VIA FAX FORM, FAX NUMBERS ARE REQUIRED TO VERIFY INFORMATION LISTED. RETURN COMPLETED APPLICATION, VIA FAX TO 419.529.0017 . OUR NORMAL POLICY IS TO SHIP C.O.D. UNTIL WE RECEIVE AND APPROVE THIS APPLICATION.