



Perimeter Digital Imaging Credit Application

Digital Image Printing • Equipment Supplies, Sales & Service

General

Company Name: _____

If Incorporated, Fill Out The Above Exactly How Your Name Is Listed With The State Of Incorporation

Type Of Business: _____ Length Of Time In Business: _____ years

Type Of Ownership: Individual Partnership Corporation LLC Other: _____

Incorporation Information: State: _____ Date Of Incorporation: _____

Main Phone Number: _____ Fax: _____

Office Manager: _____ Phone No: _____

Persons Authorized To Charge: _____

Billing

Billing Address: _____

City: _____, State: _____ Zip Code: _____

County: _____ Tax Rate%: _____

** If your company is "Tax Exempt" you must provide a completed ST5 along with your credit application

Accounting Contact: _____ Phone: _____ Ext: _____

Accounting E-mail Address: _____

Are Purchase Orders Required For Invoice Purposes? NO Yes Yes, Use Blanket PO# _____

Shipping

Physical / Ship To Address: _____

** If Different From Bill To Address**

Building: _____ Floor: _____ Suite: _____

City: _____, State: _____ Zip Code: _____

Owner / Officer

Owner / Officer Full Legal Name: _____

Social Security Number / FED ID#: _____

Home Address: _____

City: _____, State: _____ Zip Code: _____

Phone Number (Other Than What Has Been Listed Above): _____ Cell Home

Terms & Agreement

Invoices are due 30 days from date of invoice. Invoices are billed as services/supplies are ordered. Terms net 30 days for accounts in good standing. A finance charge of 2% per month (\$5.00 Minimum) will apply to any amount past due. Purchaser shall be liable for all cost of collection including reasonable attorney's fees, whether suit brought or not. In the event the creditor must retain the services of an attorney to effect the collection of any monies owed, then the undersigned agrees to pay all costs incurred, including reasonable attorney's fees, whether suit be brought or not. Purchaser agrees to waive their privilege of being sued in their county of residence and agree that suit may be brought in Gwinnett County, Georgia.

Print Name: _____ Date: _____

Signature: _____ Agent for Application

Mail To:

Mail the completed original application to:
5150 Peachtree Industrial Boulevard Suite 100
Norcross, Georgia 30071
Phone: 770/ 734-9212 • Fax: 770/ 734-0616

Perimeter Digital Imaging Office Use ONLY!	
Application Received On: _____ / _____ / _____	Approved By: _____
Credit Limit\$ _____	Sales Rep: _____
Processed Into Computer On: _____ / _____ / _____	By: _____