Confidential Credit Application

Image Innovators, a division of Ad Ideas of Wisconsin, Inc.

Please complete all requested information prior to submitting for approval. Credit availability is at the sole discretion of Image Innovators, a division of Ad Ideas of Wisconsin, Inc.

FOR OFFICE USE ONLY

DATE RECEIVED	APPROVED TERM	APPROVED LIMIT	REVIEWED BY / DATE	APPROVED BY / DATE

APPLICANT

LEGAL NAME

TRADE NAME

ORDERS SUBMITTED UNDER ☐ Legal ☐ Trade

BILLING ADDRESS

CITY, STATE, ZIP

EMAIL ADDRESS

STREET ADDRESS (IF DIFFERENT)

A/P CONTACT

PHONE

FAX

BUSINESS

TYPE OF ORGANIZATION ☐ Sole Prop ☐ Partnership ☐ LLC ☐ Corp

FED TAX ID (LLC OR CORP)

SOCIAL SECURITY # (SOLE PROP)

NAME OF OWNER, PARTNERS AND/OR OFFICERS

MTH / YR ESTABLISHED

ASI #

STATE OF INCORPORATION

D & B #

CREDIT LIMIT REQUESTED

RATING (IF KNOWN)

BANK REFERENCE

BANK NAME

CONTACT

ADDRESS

PHONE

CITY, STATE, ZIP

FAX

ACCOUNT #

LINE OF CREDIT

SECURED ☐ Yes ☐ No

TRADE REFERENCES

Or attach a reference sheet

NAME	ADDRESS	CITY, STATE, ZIP	ACCOUNT #	EMAIL

By signing below I certify that the information above is true, correct and complete, that I am authorized to submit this application, and that I agree to the credit terms and authorizations set out on page 2 of this application.

AUTHORIZED SIGNATURE (TYPED)

DIGITAL SIGNATURE

TITLE

DATE

Return your completed application to sales@image-innovators.com — or contact an Account Executive with any questions.

Terms and Conditions

Conditions of sale

1. All invoices will be paid within Net 15 terms (on or before the due date of the invoice). All amounts not paid as agreed herein shall accrue interest at the rate of 1.5% per month (18% per annum) or the highest rate permissible by law, whichever is less.
2. Applicant agrees to pay a service charge of $250.00 for each check returned unpaid.
3. In the event of default in payment of any amount due hereunder, and if the account is placed with an outside collection, Applicant agrees to pay all reasonable collection costs, attorney fees and court costs as well as any other fees that may be incurred by a lawsuit.
4. Credit privileges, if granted, may be withdrawn at any time.

The above information is for the purpose of obtaining credit from Ad Ideas of Wisconsin, Inc. – Image Innovators and is warranted to be true. By signing this application, I authorize Ad Ideas of Wisconsin, Inc. – Image Innovators to investigate the above references and to obtain credit information from them. I agree to the terms and conditions of sale as stated above and agree to pay Image Innovators in full amounts due according to Ad Ideas of Wisconsin, Inc. – Image Innovators invoices/ statements.

CREDIT AUTHORIZATION

> This application is submitted for the purpose of obtaining credit from Ad Ideas of Wisconsin, Inc. – Image Innovators (“Image Innovators”). The undersigned represents that the foregoing statements are true, correct and complete and that he or she is authorized to provide this information and enter into this application with Image Innovators. The holder of this application may verify or authorize others to verify all information, and the undersigned authorizes Image Innovators to investigate the above references and obtain credit references from them. The undersigned agrees to notify holder or its assigns of any material change of facts within thirty days of such change. If credit is granted by Image Innovators, all decisions with respect to such extension of credit or any continuation of credit shall be determined in the sole discretion of Image Innovators. Image Innovators may terminate any credit availability at any time within its sole discretion. The undersigned agrees to the terms and conditions as stated above. This application shall remain the property of Image Innovators or any of its successors or assigns.

ACKNOWLEDGMENT

AUTHORIZED SIGNATURE (TYPED)	DIGITAL SIGNATURE	TITLE	DATE

Multi-Jurisdiction Blanket Exemption Certificate

Complete only if purchases are exempt from sales tax

The undersigned purchaser hereby certifies that it is engaged as a registered wholesaler, manufacturer, retailer, lessor or other capacity as indicated below, and is registered with the state(s) listed within which your firm would deliver purchases to us, and that any such purchases are for wholesale, resale, ingredients or components of a new product or service to be resold, leased or rented in the normal course of business.

REGISTERED AS

☐ Wholesaler ☐ Manufacturer ☐ Retailer ☐ Lessor ☐ Other

IF OTHER, SPECIFY

DESCRIPTION OF BUSINESS

GENERAL DESCRIPTION OF TANGIBLE PERSONAL PROPERTY OR TAXABLE SERVICES TO BE PURCHASED FROM THE SELLER

I further certify that if any property or service so purchased tax free is used or consumed by the company as to make it subject to a sales or use tax, we will pay the tax due directly to the proper taxing authority when state law so provides, or inform the seller for added tax billing. This certificate shall be a part of each order which we may hereafter give to you, unless otherwise specified, and shall be valid until canceled by us in writing or revoked by the city or state. Under penalties of perjury, I swear or affirm that the information on this form is true and correct as to every material matter.

PURCHASER NAME | **AUTHORIZED SIGNATURE (TYPED)** | **TITLE** | **DATE**

COMPANY NAME | **ADDRESS** | **CITY, STATE, ZIP**

DIGITAL SIGNATURE

Sign digitally with a certificate, or type your name above and print, sign and scan.

STATES COVERED

Add a second form for additional states

STATE	REGISTRATION, SELLER'S PERMIT OR ID NUMBER	STATE	REGISTRATION, SELLER'S PERMIT OR ID NUMBER

Return your completed application to sales@image-innovators.com