



Photodon
2496 Potter Road E.
Traverse City, MI 49686

847-377-1186 Tele - 775-535-1646 Fax
sales@photodon.com

APPLICATION FOR NEW ACCOUNT

Mail, fax or email to the address above along with purchase order.

I/WE herein make application to PHOTODON for credit and/or to update and reconfirm our existing account and balance with PHOTODON. Applicant/s give their permission to PHOTODON to verify the information stated herein. If credit is granted, I/we promise to pay all bills rendered. Our terms are net 30 days.

Business Name _____ Address _____

City _____ State _____ Zip _____ Phone _____

Federal I.D. No. _____ How long in Business _____ Years

Company Bank _____ Address _____

City _____ State _____ Zip _____ Phone _____ Fax _____

Bank Contact _____ Acct No. _____

COMPANY SUPPLIERS

Name _____

Name _____

Address _____

Address _____

City _____ State _____

City _____ State _____

Phone# _____

Phone# _____

Fax # _____

Fax# _____

At Photodon we work to have the very best of relations with customers and vendors, and work to resolve problems directly with the customer or vendor. We abide by the Better Business Bureau standards and promise for arbitration resolution of disputes if they occur.

DEFAULT AGREEMENT

In the event payment is not made and this account is referred for collections, I/we will pay cost of collection. I/WE understand interest on any unpaid balance will be charged at the rate of 1.5% per month. If suit or action by an attorney is instituted, I/we promise to pay your attorney fees in said suit or action. In the event of a suit or action, it is agreed that Grand Traverse County District Court, at the option of Photodon, is the venue for litigation. We further covenant and agree if in your absolute discretion if suit or litigation is filed, that the Grand Traverse County District Court retains both in rem and personal jurisdiction over us and all our assets.

Signed by Officer _____ TITLE _____ DATE _____