



Dear Customer:

Your request that we extend credit to your company is received with much appreciation. Please complete the following two pages and return it to me as soon as possible. We normally process applications within one to two weeks of their return.

Our basic criteria by which we extend credit are: 1) a company who has been in business for over one year, 2) a minimum business checking balance of over a moderate four digit figure, 3) strong credit standing with the credit references listed on the application. This criteria varies based on the amount of credit requested.

In order that we might expedite processing of your credit application, we ask that you provide us bank contacts and creditors that will respond quickly on your behalf. We also ask that you provide us with as many fax numbers as you are able to – most companies require credit checks to be requested by fax. We have found non-responsive references to be the primary reason credit requests are delayed or denied. Feel free to provide us a preprinted credit summary, but still sign and date our application.

Thank you again for your request for credit and your confidence in our company to deliver the products and service you need. If you have any questions, or if I can be of service in any way, please do not hesitate to contact me.

Sincerely,

Jennifer Urban
Credit Manager
TonerForAutism.com
A Division of **IMAGE ONE**



ATTENTION: Jennifer Urban | FAX TO: 248-414-9951

Please hand type, or print clearly.

CREDIT INFORMATION

We kindly ask that all areas on both pages of the credit application be completed. Incomplete applications only hinder the credit verification process, and may result in restricted credit terms.

COMPANY INFORMATION

Business Name:
Business Type:
Contact Name: Title:
Street Address:
County:
City: State:
Zip Code/Postal Code:
Phone: Fax:
Accounts Payable Manager: Resale #:

BUSINESS PROFILE

Organized as: Corporation Sole Proprietorship Partnership
Date Business Started:
Under the Laws of (State/Province):
Name of Principal (Owner/President):

FINANCIAL DATA

Company Sales Last Year: Estimated Sales This Year:
Number of Outlets Last Year: This Year:

BANK REFERENCES

We authorize Image One Corporation to contact the accounts listed below for credit information.

(Authorized Signature)

Bank Name: Branch:
Account Officer: Phone:
City/State/Province:
Checking Account #: Savings:
Credit Line Amount with Bank:
Loan Amount:
Secured: Yes No

TRADE REFERENCES

Please do not include the following as references: Charge cards, Real Estate, Utility companies, Apple, Automobile Finance Companies, IBM, Wang, 3-M. Please give complete addresses (including Zip codes) along with account and telephone numbers.

Company Name: _____ Account # _____

Address: _____

Contact: _____ Phone: _____ Fax: _____

Company Name: _____ Account # _____

Address: _____

Contact: _____ Phone: _____ Fax: _____

Company Name: _____ Account # _____

Address: _____

Contact: _____ Phone: _____ Fax: _____

Company Name: _____ Account # _____

Address: _____

Contact: _____ Phone: _____ Fax: _____

We make the foregoing confidential application for credit in writing intending that you should rely upon it for the purpose of our obtaining merchandise from you on account and that our financial condition is satisfactory and we can meet and pay all invoices according to your terms.

Authorized Signature: _____ Date: _____

Title: _____

PRINCIPAL "SHIP TO" LOCATION

"Ship To" Name: _____

Contact: _____

Street Address: _____

State/Province: _____ Zip/Postal Code: _____

Telephone #: _____

Please Note: Bank and Trade References Will Not Give Us a Credit Reference, Unless You Have Signed Where Indicated On This Application. Applications Without Signatures Will Be Returned.