



PHOTO EQUIPMENT COMPANY  
 236 WEST 30TH STREET GROUND FLOOR NEW YORK NEW YORK 10001  
 (T) 212 244-8300 (F) 212 244-8769 (E-MAIL) info@scheimpflug.net

**Credit Application**

**COMPANY INFO:**

Name: \_\_\_\_\_  
 Address: \_\_\_\_\_ Billing Address (if different): \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 Phone: \_\_\_\_\_ Fax: \_\_\_\_\_ E-mail: \_\_\_\_\_  
 Contact: \_\_\_\_\_ Title: \_\_\_\_\_

**FORM OF BUSINESS:**

Sole Proprietorship \_\_\_\_\_ Partnership \_\_\_\_\_ Corporation \_\_\_\_\_ Years in business \_\_\_\_\_  
 Social Security # or Federal ID #: \_\_\_\_\_ DUNS # \_\_\_\_\_

**BANKING INFORMATION:**

Bank: \_\_\_\_\_ AMEX(  ) VISA (  ) MC (  ) DISCOVER (  ) Exp Date: \_\_\_\_\_  
 Account #: \_\_\_\_\_ Account #: \_\_\_\_\_

**TRADE REFERENCES:**

Company: _____	Company: _____
Address: _____	Address: _____
_____	_____
Contact: _____	Contact: _____
Phone: _____ Fax _____	Phone: _____ Fax: _____
Company: _____	Company: _____
Address: _____	Address: _____
_____	_____
Contact: _____	Contact: _____
Phone: _____ Fax _____	Phone: _____ Fax: _____

Requested Credit Limit: \_\_\_\_\_ Our terms are Net 30 days

The above information is true and accurate to the best of my knowledge. By signing this form I am authorizing Scheimpflug to contact and request credit information from the references and if necessary from Dun and Broadstreet or Equifax Credit Information Service.

\_\_\_\_\_  
 Signature of Authorized Representative Date