



APPLICATION FOR NET 30 OPEN ACCOUNT

Firm Name _____ Year Est. _____ Federal ID _____

Address _____

Contact Person _____ Credit Requested: \$1,000 \$5,000 \$10,000

Phone _____ Email _____ (monthly purchases must average \$500 or more to qualify)

BILLING ADDRESS, IF DIFFERENT THAN ABOVE:

Address _____

Accounts Payable Contact _____ Phone _____ Email _____

(All invoice copies will be emailed)

Type of Business _____ Legal Entity: Corp. Partnership Proprietorship **Purchase Orders Required:** Yes No

Year Established _____ How long at current address? _____ Dun & Bradstreet Number _____

AZ State Sales Tax Exempt: Yes No (If yes, please provide the following: Arizona Form 5000 or letter from state regarding status as an exempt Qualifying Health Care Organization)

PRINCIPALS: (If a private corporation, list name of officers and titles; if other entity, lists names of partners or owners)

Name _____ Title _____ Address _____

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Name _____ Title _____ Address _____

LOCAL TRADE REFERENCES:

1	Company Name	Address	
	Phone/Contact	Doing business with for how long?	High Balance: \$
2	Company Name	Address	
	Phone/Contact	Doing business with for how long?	High Balance: \$

BANK OR FINANCIAL INSTITUTION REFERENCES:

1	Company Name	Address
	Phone/Contact	Account #
2	Company Name	Address
	Phone/Contact	Account #

PERSONS AUTHORIZED TO CHARGE TO THIS ACCOUNT:

Name/Title _____ Name/Title _____

Name/Title _____ Name/Title _____

It is hereby certified that the statements in this Application for Open Account are true and complete. By the signature below, the purchaser hereby agrees to pay all invoices when same become due and payable pursuant to the terms of the sale. **Pixa's standard terms of sale are payment within 30 days of invoice date.** The purchaser agrees to pay all collection costs and attorney's fees necessary to collect this account if necessary. The undersigned waives notice of acceptance, note of non-payment, protest and notice of protest with respect to the obligations covered herein. The undersigned authorizes creditors and vendors to provide account and experience information to PIX A.

Dated this _____ Day of _____, 20____ By _____ Title _____

AUTHORIZATION TO RELEASE INFORMATION

I hereby authorize our bank(s) and references to release any information necessary to assist in establishing a line of credit.

Firm Name _____

Address _____ City _____ State _____ Zip _____

Authorized by _____ Title _____ Signature _____

OFFICE USE ONLY

Date _____ Credit Check Completed By: _____

CREDIT APPROVED CREDIT REJECTED Reason: _____

Company Contacted _____ Date _____

Company Name _____ Position _____

Do they have an open account? Yes No How long? _____ (years) Credit Limit: \$ _____

How often do they purchase from your company? Monthly Quarterly Annually

Can you estimate their volume of business? \$ _____ per _____

Payment Record: Current (within terms set by your company) Slow (but consistent) Delinquent

Additional Comments: _____

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