

PARAMOUNT IMAGING

Application

6323 Alondra Boulevard • Paramount, CA 90723 • Phone: 800.745.7676

CUSTOMER INFORMATION

LEGAL COMPANY NAME		ADDRESS		E-MAIL
CITY	STATE	ZIP	PHONE	FED. TAX I.D. #
FAX	CONTACT PERSON	TYPE OF BUSINESS <input type="checkbox"/> Corporation <input type="checkbox"/> Proprietorship <input type="checkbox"/> Partnership		STATE OF INCORPORATION
# OF YEARS IN BUSINESS UNDER CURRENT OWNERSHIP	# OF EMPLOYEES	DESCRIPTION OF BUSINESS		
BILLING ADDRESS (IF DIFFERENT FROM ABOVE)			CITY	STATE ZIP

LEASE INFORMATION

DESCRIPTION OF PRODUCT		PAYMENT AMOUNT		
PRODUCT COST	LEASE TERM	PURCHASE OPTION <input type="checkbox"/> FMV <input type="checkbox"/> 10% <input type="checkbox"/> \$1.00		

PERSONAL DATA

NAME		HOME ADDRESS		
CITY	STATE	ZIP	SOCIAL SECURITY #	
TITLE		% OWNERSHIP		

REFERENCE DATA

LIST PRESENT BANK(S) - PREVIOUS BANK IS REQUIRED IF APPLICANT HAS BEEN AT PRESENT BANK LESS THAN TWO YEARS

PRESENT BANK OF APPLICANT		PREVIOUS OR SECOND BANK OF APPLICANT	
BRANCH	PHONE	BRANCH	PHONE
NAME OF BANK OFFICER	ACCT. #	NAME OF BANK OFFICER	ACCT #
TRADE REFERENCES NAME AND ADDRESS		PHONE	CONTACT
1. _____			
2. _____			
3. _____			

Each individual signing below certifies that the information provided in this credit application is accurate and complete. Each individual signing below authorizes you or any assignee or funding source which may be utilized (collectively referred to as "Lenders") to obtain information from the references listed above and obtain a consumer credit report that will be ongoing and relate not only to the evaluation and/or extension of the business credit requested, but also for purposes of reviewing the account, increasing the credit line on the account (if applicable), taking collection action on the account, and for any other legitimate purpose associated with the account as may be needed from time to time. Each individual signing below further waives any right or claim which such individual would otherwise have under the Fair Credit Reporting Act in the absence of this continuing consent.

X

SIGNATURE - #1 SIGNER'S PRINTED NAME DATE

X

SIGNATURE - #2 SIGNER'S PRINTED NAME DATE

ECOA NOTICE (TO BE RETAINED BY APPLICANT)

Thank you for your business credit application. We will review it carefully and get back to you promptly. If your application for business credit is denied, you have the right to a written statement of the specific reasons for the denial. To obtain that statement, please contact us within 60 days from the date that you are notified of our decision. We will send you a written statement of the reasons for the denial within 30 days of your request for the statement. NOTICE: The Federal Equal Credit Opportunity Act prohibits creditors from discriminating against credit applicants on the basis of race, color, religion, national origin, sex, marital status, age (provided the applicant has the capacity to enter into a binding contract), because all or part of the applicant's income derives from any public assistance program; or because the applicant has, in good faith, exercised any right under the Consumer Credit Protection Act. The federal agency that administers our compliance with this law is the Federal Trade Commission, Equal Credit Opportunity, Washington, DC 20580.