

City/State/Zip:

Other Authorized Users:

## **ACCOUNT APPLICATION**

&

## Terms and Conditions

Please include a copy of the Business License and Tax ID #

For ASG Use Only*			
Date Received	/	/	
Date Approved	/_	_/_	

Please fax or email completed account application with the requested forms to AllImage Graphics (814) 728-8651 / info@allimagegraphics.com

## **Credit Card Authorization Agreement**This Agreement must be signed and returned to AllImage Graphics.

Date: Dealer Account #: Dealer Name: Address: City/State/Zip: Fax: \_\_\_\_\_\_ Phone: Please complete the following to allow AllSound Media, D.B.A. AllImage Graphics to charge your credit card: (Please check one) MasterCard Amex ☐ Discover ☐ Card Number: Expiration Date: \_\_\_\_\_\_ Security Digits on Back of Credit Card \_\_\_\_\_ Print Cardholder Name Title Billing Address:

I hereby authorize AllSound Media, D. B A AllImage Graphics to charge purchases to the above credit card approved for the amount (credit limit) listed below.

Amount Authorized up to \$\_\_\_\_\_\_Initial Here\_\_\_\_\_

Effective on purchases made on the date listed above and thereafter. I certify that I am the authorized cardholder of record and that **I have full authority to make <u>multiple purchases</u> of the above account.** I understand that at times items will be back-ordered and the card will not be charged until the product is shipped. I recognize that AllImage Graphics will issue immediate credit to the above credit card in the event my card had been charged for items that have been back-ordered. Unless there have been prior arrangements made. IAllSound Group is authorized to charge my card on balances not paid within the 30 day term.

I agree to provide AllImage Graphics with updated imfoation with regard to new expiration date, bank information and/or account number as changes occur.

## ALLIMAGE GRAPHICS

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