



MILLER
imaging & digital solutions

CREDIT APPLICATION

Terms Net 10th

MillerIDS.com

FAX to: 512.834.9165

EMAIL to: Acctg@MillerIDS.com

Company:

Billing Address:

Physical Address (In Austin area):

Phone: Fax:

AP Contact: AP Email:

Statement Delivery Preference: Email Mail

Ownership Status: Corporation Partnership Sole Proprietorship Other

Type of Business: Year Established:

Federal Tax ID Number (SSN for individuals):

List names, titles, and addresses of officers and partners:

.....
.....
.....

List two bank references (Bank name, complete address, phone number and account number. Must have at least six months banking history):

1)

2)

List three trade references (Business name, complete address, phone number and account number. Please do not use utilities):

1)

2)

3)

Dun & Bradstreet Number:

Each signature below attests to the financial responsibility, ability and willingness of applicant to pay all invoices submitted by Miller Imaging & Digital Solutions in accordance with the terms and conditions pertaining thereto. The person or persons signing this application below hereby each personally guarantees in full all obligations and liabilities made, entered into and incurred by or on behalf of the applicant. Miller Imaging & Digital Solutions makes this guarantee as a condition of the extension of credit to the applicant. Both the applicant and guarantor or guarantors hereby authorize Miller Imaging & Digital Solutions to investigate with the references listed as to the credit and financial responsibility both of applicant and guarantor or guarantors. It is understood that an investigation of credit worthiness may include obtaining a credit report through a credit reporting agency.

Signature: Date:

Print Name: Title:

Email: Phone: