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# ACCOUNT APPLICATION

Company Name \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_ Zip \_\_\_\_\_

Phone \_\_\_\_\_ Fax \_\_\_\_\_ Email \_\_\_\_\_

Delivery Address (same as above ) \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_ Zip \_\_\_\_\_

Phone \_\_\_\_\_ Fax \_\_\_\_\_ Email \_\_\_\_\_

Accounts Payable Contact \_\_\_\_\_

Address (same as above ) \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_ Zip \_\_\_\_\_

Phone \_\_\_\_\_ Fax \_\_\_\_\_ Email \_\_\_\_\_

Business Type: (check one): Corporation\_\_ Partnership\_\_ Non-Profit\_\_ Government\_\_ Trust\_\_ S-Corp\_\_ LLC\_\_

State of Incorporation\_\_\_\_ Year Established\_\_\_\_ FEIN# \_\_\_\_\_ Dun & Bradstreet# \_\_\_\_\_ SalesTax Exempt  yes  no  
 (If yes, attach exemption letter)

**Invoice Requirements:**

Written Purchase Order \_\_\_\_\_ Verbal Purchase Order \_\_\_\_\_ Purchase Order Number \_\_\_\_\_ Project Name \_\_\_\_\_ Project Number \_\_\_\_\_

Other (please indicate) \_\_\_\_\_

Company Officer(s)	
Name	Title
_____	_____
_____	_____
_____	_____

Trade References (please list a minimum of 3 suppliers)			
Company Name	Address	Phone	Fax/Email
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

**Financial Information**

Bank Name \_\_\_\_\_ Account Number \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_ Zip \_\_\_\_\_

Contact Name \_\_\_\_\_ Contact Phone \_\_\_\_\_

I/WE CERTIFY THAT THE ABOVE INFORMATION IS TRUE AND CORRECT. I/WE UNDERSTAND THAT ALL INVOICES SHALL BE PAID PROMPTLY WITHIN THIRTY (30) DAY TERMS AND, IN THE EVENT OF DEFAULT, I/WE AGREE TO PAY ANY COLLECTIONS CHARGES, ATTORNEY'S FEES AND COURT COSTS AS PERMITTED BY LAW.

Signature \_\_\_\_\_ Date (mm/dd/yyyy) \_\_\_\_\_

Name and Title \_\_\_\_\_

How did you hear about us? Referral Website Work in the building Other

For Office Use Only		
Approved _____	Date _____	Acct# _____
Notes _____		