



FOR OFFICE USE ONLY
Acct # _____
Date Opened _____

TO: Accounts Receivable • **PHONE:** 859.226.5815 • **FAX:** 859.252.4178
REMIT TO: Lynn Imaging, Po Box 519, Lexington Ky 40588-0519

CREDIT APPLICATION

Type of Business? Proprietorship LLC Partnership Ltd Partnership Corporation
Tax Exemption? yes no IF YES, YOU MUST attach a completed and signed purchase exception or resale certificate with this application. These forms are downloadable from the "Business Solutions/Open An Account" section of www.lynnimaging.com
Purchase Orders Required? yes no **Job Name Required?** yes no **Project ID Required?** yes no

GENERAL INFORMATION

Company Name _____
Billing Address _____
Street Address _____
City, State, Zip _____
County _____
Telephone () _____
Fax Number () _____
E-mail _____
Website _____
Social Security # _____
Federal Tax ID # _____
Years in Business _____ Incorporated in the State of _____

SHIPPING INFORMATION (if different from billing address)

Company Name _____
Shipping Address _____

Telephone _____
Fax Number _____

Have you ever filed bankruptcy under this name or any other name? _____
Have you ever had an account with Lynn Imaging under any other name? _____

BANK INFORMATION

Bank Name _____
Street Address _____
City, State, Zip _____
Contact _____
Telephone _____
D & B Number: _____

TRADE REFERENCES

Not Required for cash accounts or \$300 credit limits

1. **Supplier** _____
Address _____

Telephone _____
Contact Name _____
2. **Supplier** _____
Address _____

Telephone _____
Contact Name _____
3. **Supplier** _____
Address _____

Telephone _____
Contact Name _____

PURCHASE CONTACT

Name/Department _____
Telephone/Extension _____
E-mail _____

ACCOUNTS PAYABLE CONTACT

Name/Department _____
Telephone/Extension _____
E-mail _____

LYNN IMAGING CREDIT APPLICATION
PLEASE LIST: OFFICERS, OWNERS OR PARTNERS

Name _____
 Office Held _____
 Address _____
 City, State, Zip _____

Name _____
 Office Held _____
 Address _____
 City, State, Zip _____

Name _____
 Office Held _____
 Address _____
 City, State, Zip _____

*For more information about any of our services,
 please call our customer support center at
 859.255.1021 or 1.800.888.0693*

CREDIT TERMS, CONDITIONS AND SECURITY AGREEMENT

For the purpose of establishing and maintaining credit, the statements and information provided in and with this application are full, true and correct. Applicant authorizes Lynn Imaging to make inquiry into, to request, and to receive any information concerning character, general reputation, financial or credit status from creditors or financial institutions which Lynn Imaging deems relevant for the granting and collection of the proposed indebtedness and the Applicant authorizes any creditor or financial institution to divulge such information. Applicant understands that Lynn Imaging will rely on the accuracy of any information set forth in and with this application and all information obtained in determining whether to extend credit.

Applicant agrees to pay all charges within 30 days from invoice date. Applicant understands and agrees that payment for goods or services provided by Lynn Imaging in accordance with agreed-upon terms is not contingent on Applicants receipt of payment from any other party . A finance charge of 1.5% per month (18% annual) will be added to all accounts that are not paid within our terms (Net 30 days), until the past due balance is paid.

Applicant agrees to pay all costs of collection, including reasonable attorney fees, in the event Applicant fails to pay any charges when due.

Lynn Imaging reserves the right to not extend credit to the Applicant or to withdraw credit at any time at Lynn Imaging's sole discretion.

Applicant wishes to apply for credit with Lynn Imaging in accordance with these terms and conditions which have been read, understood and accepted. The undersigned is an officer or owner of Applicant and is authorized to represent and bind Applicant with respect to these matters.

SECURITY AGREEMENT

Applicant grants Lynn Imaging a security interest in goods Lynn Imaging sells to Applicant to secure payment for the goods and any other amounts Applicant owes Lynn Imaging now and in the future. Each invoice related to the goods supplements and is incorporated by reference into this Security Agreement. The security interest also covers all software related to the goods.

 Signature Title Date Please Print Name

PERSONAL GUARANTEE

The undersigned jointly and severally promises to pay all charges made on the account opened with this information for the date below until such time as the guarantor shall withdraw his/her guarantee by a written document delivered by Certified Mail to Office Manager, Lynn Imaging, 328 Old Vine Street, Lexington, KY 40507, or ten (10) years from this date, whichever occurs first. The maximum amount covered by this guaranty is \$100,000.00.

 Signature Title Date Please Print Name

Lexington
 328 Old Vine Street
 Lexington, KY 40507
 859.255.1021

Louisville
 11460 Bluegrass Parkway
 Louisville, KY 40299
 502.499.8400

Monster Color
 432 Old Vine Street
 Lexington, KY 40507
 859.226.5840

