



For Alkit Office Use Only

ACCOUNT APPLICATION

Acct Executive

Customer Class

DATE : _____

Terms : C.O.D. _____ Automatic Credit Card (ACC) _____ Net 30 _____ Freight Terms _____ **SECTION A**

Company Name	Corporation _____ Proprietorship _____ Partnership _____
Billing Address	Company Name
	Shipping Address
City, State, Zip	
Phone # _____ Fax # _____ () ()	City, State, Zip
Email Address	Tax Exempt # (see attached)

Person To Contact for Payment _____ Purchase Order Mandatory : YES _____ NO _____

Person(s) Authorized to Charge : _____

AUTOMATIC CREDIT CARD (PLEASE FILL OUT SECTION A & B ONLY) **SECTION B**

Credit Card # _____ Discover _____ Visa _____ Master Card _____ Amex _____ Exp.Date _____

Credit Card Billing Address _____

I am an authorized signer on above card and hereby give Alkit Pro Camera permission to bill the credit card at the end of each month.

Name on Card : _____ Signed by : _____

REFERENCES FOR NET 30 (PLEASE FILL OUT SECTION A & C ONLY) **SECTION C**

(Do not list credit card companies)

NAME	ADDRESS	PHONE NUMBER	FAX NUMBER
1)		()	()
2)		()	()
3)		()	()

BANK INFORMATION

Bank Name _____	Contact _____
Address _____	Phone # () _____
	Fax # () _____
Account # _____	

AUTHORIZATION
The undersigned authorized release of all banking and credit information, both business and/or personal, requested by Alkit Pro Camera, Inc. This form may be reproduced or photocopied and a faxed copy shall be as effective consent as the original which I have signed.

Authorized Signature _____ Date _____
Print Name / Title _____

Personal Guaranty

To induce you to grant or continue credit to _____, in consideration thereof, and without this Guaranty such would not be done, the undersigned Guarantor(s) guarantees the payment to you of all sums that may be presently due and owing and of all sums that shall in the future become due and owing to you, whether under open account or otherwise, and also guarantees the due performance of all present and future obligations, contracts and agreements with you. The Guarantor shall have five (5) days after demand within which to make payment hereunder.

Guarantor Signature (name printed)

P.O. Box 526 Merrick, NY 11566 Attn: Accounting Ph: (516) 379-1515 Fx: (516) 379-8044