



Emerson Thermography, Inc.  
1401 Fountain Drive  
Florence, KY 41042

# NEW DEALER APPLICATION AND ACCOUNT AGREEMENT

859/525-3300 / Fax: 859/525-3303  
800/733-0246 / Fax: 800/398-3151

Business Name \_\_\_\_\_  
Street Address \_\_\_\_\_  
Mailing Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Phone \_\_\_\_\_ Fax \_\_\_\_\_ Email \_\_\_\_\_

Sales Category:       Retail Printing                       Printing Broker                       Office Supply                      Other \_\_\_\_\_  
Account Type:         Corporate                                       Partnership                               Proprietorship                      Yrs. In Business \_\_\_\_\_

## Credit Policy:

- 1) Payment in full is due upon product completion. Personal checks are accepted.
- 2) Visa, Master Card and American Express are also accepted. Account information will be kept on file and charged at product completion.
- 3) Established BCT Cash or Credit Card accounts with a 3 month sales average greater than \$250 a month or New dealers with a 3 month sales average greater than \$250 a month with a competitive vendor, are eligible for an open account. New dealers applying for an open account must supply a competitive vendors statement with the completed Open Account Application below.

<p><b>1</b></p> <input type="checkbox"/> COD Cash/Check	<p><b>2</b></p> <input type="checkbox"/> Visa                      Card # _____ <input type="checkbox"/> Master Card              Card Holder Name _____ <input type="checkbox"/> American Express        Expiration _____ Account information will be retained on file, and charged upon product completion. Authorized Signature _____	<p><b>3</b></p> <input type="checkbox"/> Open Account - Net 30 Please complete the Open Account Application below and return with a competitive vendors statement.* <small>*Open accounts are only granted to New customers that can provide a competitive vendor statement reflecting sales greater than \$250 a month, and established BCT cash or Credit Card accounts with average monthly sales of \$250 or more.</small>
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## OPEN ACCOUNT APPLICATION

### TRADE REFERENCES

Name \_\_\_\_\_  
Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_  
Zip \_\_\_\_\_ Phone \_\_\_\_\_

Name \_\_\_\_\_  
Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_  
Zip \_\_\_\_\_ Phone \_\_\_\_\_

### BANK REFERENCE

Name \_\_\_\_\_  
Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_  
Zip \_\_\_\_\_ Phone \_\_\_\_\_  
Bank Contact \_\_\_\_\_

### ACCOUNTS PAYABLE CONTACT

Name \_\_\_\_\_

## Terms:

THE APPLICANT AGREES TO THE TERMS AND CONDITIONS OF THE BCT OPEN ACCOUNT AGREEMENT AS FOLLOWS:

1. Full payment is due within 30 days of invoice date.
2. Interest will be paid to BCT, by the applicant, at the rate of one and one half percent (1.5) per month, 18% annually on all money due to BCT which is over 30 days old.
3. A twenty dollar (20.00) service charge will be charged on all return checks.
4. All legal fees, court cost, and collection fees will be paid by the applicant, in case of default on the terms of this agreement.
5. The applicant hereby gives permission to disclose its experience with the bank indicated above to BCT. The information is to be used in consideration of granting an open account to the applicant.

## ACCEPTANCE OF TERMS AND CONDITIONS AS HEREBY SET FORTH BY AUTHORIZED PERSON.

Signed \_\_\_\_\_ Title \_\_\_\_\_ Date \_\_\_\_\_

If corporate account, the undersigned officer personally guarantees payment of any indebtedness by applicant to BCT as an inducement for the extension of credit.

Name \_\_\_\_\_

Individually Guaranteed

Address \_\_\_\_\_

(Signature)

Date \_\_\_\_\_