



Perimeter Digital Imaging & Supply

General

Company Name: _____
If Incorporated, Fill Out The Above Exactly How Your Name Is Listed With The State Of Incorporation

Type Of Business: _____ Length Of Time In Business: _____ years

Type Of Ownership: Individual Partnership Corporation LLC Other: _____

Incorporation Information: State: _____ Date Of Incorporation: _____

Main Phone Number: _____ Fax: _____

Office Manager: _____ Phone No: _____

Accounting Contact: _____ Phone: _____ Ext: _____

Accounting E-mail Address: _____

Billing Address: _____

City: _____, State: _____ Zip Code: _____

County: _____ Tax Rate%: _____

** If your company is "Tax Exempt" you must provide a completed ST5 along with your credit application

Billing

Owner / Officer Full Legal Name: _____

Social Security Number / FED ID#: _____

Credit Card Holder: _____

Credit Card Billing Address: _____

City: _____, State _____ Zip _____

Card Holder Phone Number: _____

Credit Card Number

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Expiration Date

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 Security Code

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 Card Type

Owner

Credit Card Processing Agreement

I, the card holder understand this information will be kept in strict confidence with Perimeter Digital Imaging. Further I give authorization to Perimeter Digital Imaging to charge purchases to the above credit card without my card being present. I agree and understand that my credit card will be charged as purchases made by myself or any company employee. Perimeter Digital will forward a detailed invoice of the charges made to your credit card to the email listed above. Please note the minimum order is \$15.00 plus tax. Once this credit card expires a new form will need to be completed before future orders will be accepted.

Card Holder Signature: _____ Date: ____/____/____

Scan & Email or Return this completed originally signed application to:
accounting@perimeterdigital.net
Cumming Office Phone: 770-889-5303 • Norcross Office Phone: 770-734-9212