



Thank you for your interest in partnering with Perfect Image. The following information will enable us to establish your account. Please send your completed form to us in one of two ways:

1. Provide the form to your Perfect Image sales consultant or send it directly to:

Ms. Barbara Pines, CPA
Accounting Manager

Perfect Image
503 Commerce Park Drive, Suite D
Marietta, GA 30060
E-Mail: accounting@perfectimageprinting.com
Phone: 404-446-1085, ext. 12 Fax: 770-427-8703

2. Submit the form to us through our secure FTP server:

If you prefer to use our secure FTP server to submit your Account Application, please contact us to obtain a User Name, password and link to our FTP site. We will respond immediately to your request.

About Your Organization

Business Name * _____

Business Email * _____

Business Street Address *

Street Address Line 1 _____

Street Address Line 2 _____

City _____

State / Province / Region _____

Postal / Zip Code _____

Country _____

Primary Business Phone Number _____

Mobile Business Phone Number _____

Business Status

Corporation Partnership Sole Proprietorship

Exempt from Sales Tax? Yes No

If your business is tax exempt, please provide your Sales Tax Number and one of the following: a) State of Georgia Sales and Use Tax exemption form, or b) Letter from the Internal Revenue Service stating you are exempt under section 501(c)(3). In the absence of this information, taxes will be charged.

If you would like to apply for an Open Credit Account, please proceed to the next page.



Payment Terms

Payment terms are collect on delivery unless otherwise stated in writing. If your business is interested in establishing a credit account with Perfect Image, our terms are Net 30 days and we require the following additional information:

Type of Business (Industry)

Year Founded _____

Contact Name for Account Payment * _____

Principal's Name _____

Principal's title _____

Principal's Email _____

Home Street Address * (for Partnerships and Sole Proprietorships only)

Principal's Home Street Address Line 1 _____

Home Street Address Line 2 _____

City _____

State / Province / Region _____

Postal / Zip Code _____

Country _____

Principal's Phone Number _____

Principal's Mobile Phone Number _____

Bank Reference

Bank Name _____

Account Number _____

Bank Contact Name _____

Bank Street Address Line 1 _____

Bank Street Address Line 2 _____

City _____

State / Province / Region _____

Postal / Zip Code _____

Country _____



Any relevant notes:

Business References

Reference Number One

Company _____
Contact Name _____
Phone Number _____
Email _____

Reference Number Two

Company _____
Contact Name _____
Phone Number _____
Email _____

Reference Number Three

Company _____
Contact Name _____
Phone Number _____
Email _____



Terms and Conditions

Applicants agree to the following terms and conditions of this Open Credit Account Application Policy:

1. The applicant represents that he or she has authority to enter into this agreement with Perfect Image and agrees to the following terms and conditions.
2. The applicant is assured that all work performed by Perfect Image will be produced in accordance with industry standard best practices as proposed by the Printing Industries of America: https://www.perfectimageprinting.com/files/best_practices-for-create-an-account-page.pdf
3. The applicant gives permission to the bank and business references provided above to disclose their experience with the applicant to Perfect Image and acknowledges that this information is to be used in consideration of granting an open account to the applicant.
4. Terms are collect on delivery (COD) unless otherwise stated in writing.
5. For any balances due to Perfect Image after a period of 30 days, the applicant will pay interest at the rate of one and one-half percent (1.5%) per month.
6. Title for work and services performed by Perfect Image shall not pass to the applicant until all money due to Perfect Image is paid in full.
7. In the event the applicant defaults on these terms and conditions, all legal fees, court costs and collection fees are to be paid by the applicant.

Applicant Name _____

Applicant Title _____

Applicant Signature _____

Date of Application _____

By clicking this box, I agree to the Terms and Conditions stated above.

For Perfect Image Internal Use Only

Approved by: _____

Date: _____

Credit Account Limit: _____

Sales Consultant: _____