

**Confidential - Application For Open Account**  
**Advanced Photographic Solutions, LLC (hereinafter "APS")**

We would like to establish an open account with APS and are therefore submitting the following information for your records:  
 (Please Print Clearly)

Firm Name: \_\_\_\_\_  
 (Exactly as it is to appear on invoices)

Address: \_\_\_\_\_

City, State & Zip: \_\_\_\_\_ At This Address Since \_\_\_\_\_

In Business Since: \_\_\_\_\_ Phone: \_\_\_\_\_ Fax: \_\_\_\_\_ E-Mail: \_\_\_\_\_

Name of person to contact regarding Accounts Payable: \_\_\_\_\_

Applicant's Name: \_\_\_\_\_

SS#: \_\_\_\_\_ Date of birth: \_\_\_\_\_ Home phone#: \_\_\_\_\_

Home Address: \_\_\_\_\_

City, State & Zip: \_\_\_\_\_ Estimated annual lab volume \$ \_\_\_\_\_

**Type of business:** \_\_\_\_\_ Individual Ownership(Proprietorship) \_\_\_\_\_ Partnership \_\_\_\_\_ Corporation in State of \_\_\_\_\_  
 \_\_\_\_\_ LLC \_\_\_\_\_ Other (Describe) \_\_\_\_\_ Year \_\_\_\_\_

If partnership, list partners; if corporation, list officers; if LLC, list members.

| Name | Title | SS# | Home Address | Home Phone |
|------|-------|-----|--------------|------------|
|      |       |     |              |            |
|      |       |     |              |            |

Do you now own or have owned any other business(es) in the past? \_\_\_\_\_ If yes, attach details.

**Credit References** (Photographic or other primary suppliers): Where possible, please: 1) Give business and trade references, not personal references. 2) Please do not give national credit cards or department store references. 3) Give complete information to expedite response.

| Firm Name | Address | Phone No. | Account No. |
|-----------|---------|-----------|-------------|
| 1. _____  |         |           |             |
| 2. _____  |         |           |             |
| 3. _____  |         |           |             |
| 4. _____  |         |           |             |

**Primary Bank Reference:**

Name of Bank: \_\_\_\_\_ Bank Contact: \_\_\_\_\_  
 Address: \_\_\_\_\_ Account No. \_\_\_\_\_  
 City, State & Zip: \_\_\_\_\_ Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

The undersigned hereby consent(s) to APS's use of a non-business consumer credit report on the undersigned in order to further evaluate the credit worthiness of the undersigned as principal(s), proprietor(s) and/or guarantor(s) in connection with the extension of business credit as contemplated by this credit application. The undersigned hereby authorizes APS to utilize a consumer credit report on the undersigned(s) from time to time in connection with the extension or continuation of the business credit represented by this credit application. The undersigned as [an] individual(s) hereby knowingly consent to the use of such credit report consistent with Federal Fair Credit Reporting Act as contained in 15 U.S.C.@1681 et seq..

X \_\_\_\_\_ X \_\_\_\_\_  
 Signature Applicant #1 Signature Applicant #2

**THE UNDERSIGNED HEREBY AUTHORIZES THE RELEASE OF ALL BANK INFORMATION TO ADVANCED PHOTOGRAPHIC SOLUTIONS, LLC, AND ALSO AGREES:**

1.) If legal action is required to recover the applicant's debt, APS will be entitled to recover its attorney's fees and court costs. 2.) To pay for all purchases from APS in accordance with APS's terms and to pay a late charge of a sum of not more than 1½ percent (or such lesser amount as would be permissible under relevant state law) per month on past due balances. 3.) The laws of the State of Tennessee shall govern disputes arising between the applicant and APS and the courts of the State of Tennessee shall have the exclusive jurisdiction to adjudicate said dispute. 4.) Submitting any film, print, slide or negative to APS for processing, printing or any other handling constitutes an agreement by the applicant that any damage or loss by our company, subsidiary or agents will only entitle applicant to replacement with a like amount of unexposed film and processing. Except for such replacement, the acceptance by our company, subsidiary or agents of the film, print, slide or negatives is without other warranty or liability, and recovery for any incidental or consequential damage is excluded.

X \_\_\_\_\_  
 Signature Title Date

\*\*Please sign on both signature lines. Unsigned applications will not be approved. Omission of any requested information could result in delay of credit approval. \*\*  
 PLEASE ATTACH YOUR MOST RECENT FINANCIAL STATEMENT OR TAX RETURN TO HELP EXPEDITE OUR PROCESSING OF THIS APPLICATION  
 (SEE OTHER SIDE)

# GUARANTY

In consideration of Advanced Photographic Solutions, LLC, its successors and assigns (hereinafter "APS") extending credit to the applicant on the reverse side Hereof, the undersigned(s), Jointly and severally, hereby unconditionally guarantee the timely payment to APS of all sums, even if in excess of the applied for or established credit limit, now due or which may hereafter become due and payable by virtue of APS's extension of credit to the applicant. Notice of default is hereby waived, and this guaranty shall not be affected by APS granting extensions of time for payment or other indulgences to the applicant and shall remain in full force and effect until APS has received written notice of cancellation from the undersigned(s). It is expressly agreed that any such notice of cancellation, if given, shall not affect the obligation of the undersigned to pay all sums then due by the applicant. The incorporation, merger, reorganization or sale of the applicant's business shall not operate as a termination of this guaranty, and this guaranty shall continue as to credit extended such other entity.

Should either the applicant or the undersigned fail to make payment as required, the undersigned also agrees to pay the expenses of collection, including reasonable attorney's fees and costs.

X \_\_\_\_\_  
Signature

X \_\_\_\_\_  
Signature

X \_\_\_\_\_  
Spouse

X \_\_\_\_\_  
Spouse

Dated this \_\_\_\_\_ day of \_\_\_\_\_

Dated this \_\_\_\_\_ day of \_\_\_\_\_

\_\_\_\_\_  
Notary Public

\_\_\_\_\_  
Notary Public

## Credit Department Use Only

Advanced Photographic Solutions, LLC

Sales Rep. Name: \_\_\_\_\_

Date Opened: \_\_\_\_\_

Sales Rep. Number: \_\_\_\_\_

Date Rejected: \_\_\_\_\_

Date Submitted: \_\_\_\_\_

Credit Limit: \$ \_\_\_\_\_

Amount of Initial Order: \$ \_\_\_\_\_

Approved by / Date: \_\_\_\_\_

Estimated Annual Volume: \$ \_\_\_\_\_

Approved by / Date: \_\_\_\_\_

Comments: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_