

Clark Photographics New Account Application

Name: _____

Studio/Business Name _____

Address: _____

City, State, Zip: _____

Phone: _____ Fax: _____

Form of Business: Corporation Partnership Individual

Number of Years in Business _____

Number of Full-Time Employees _____ Part-Time _____

All Officers/Partners/Individual Owners:

Name

Signature

Name

Signature

Federal Tax ID No. _____ or SSN# _____ - _____ - _____

TERMS PARAGRAPH FOR ACCOUNT APPLICATION:

I agree to pay Clark Photographics INC. for the products and services purchased and charged to my account, in accordance with terms applicable to the type of account I am provided. Clark Photographics INC. reserves the right to change the terms of agreement at any time. Further purchases on my account after Clark Photographics INC. has changed the terms of agreement constitute my consent to those changes,

Signature

Title

Date

You will receive our price list after submission of this application

(We must have a signed application.)

Please send this application to:

**Clark Photographics INC.
810 S. Buffalo Grove Rd.
Buffalo Grove, IL 60089**

Or

**Fax it to:
Fax # 847.541.6404**

**If you have any questions, please call.
Phone # 847.541.6402**