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Commercial Credit Application

Type of Credit (please check one)

Corporation Partnership Sole Proprietorship

Type of Account (please check one)

Deposit waiver (rental only)
 Charge account * Desired amount \$ _____

*Our accounts are NET thirty (30) days. Closing date is the 30th of each month, balance being due and payable in full before the 30th of the following month. The 1st is considered past due and a 1% service charge will be added to all past due accounts. (This represents 12% per annum) Past due two months, your account will be placed on credit hold.

Business Credit Information

BUSINESS NAME _____ TELEPHONE _____

STREET ADDRESS _____ CITY _____ STATE _____ ZIP _____

MAILING ADDRESS _____ CITY _____ STATE _____ ZIP _____

Is your business incorporated? yes no
 If yes, under the law of which state? _____

YEARS ESTABLISHED _____ TYPE OF BUSINESS _____

Corporate Officers or Partners

NAME _____ TITLE _____

RESIDENCE ADDRESS _____ CITY _____ STATE _____

NAME _____ TITLE _____

RESIDENCE ADDRESS _____ CITY _____ STATE _____

NAME _____ TITLE _____

RESIDENCE ADDRESS _____ CITY _____ STATE _____

Bank References

BANK NAME ACCOUNT# _____

ADDRESS CITY STATE ZIP _____

BANK OFFICER/CONTACT TELEPHONE# _____

BANK NAME ACCOUNT# _____

ADDRESS CITY STATE ZIP _____

BANK OFFICER/CONTACT TELEPHONE# _____

Trade References

COMPANY NAME _____

ADDRESS _____

CITY _____ STATE _____ ZIP _____ TERMS _____

CONTACT NAME _____ TELEPHONE# _____ CREDIT LIMIT _____

COMPANY NAME _____

ADDRESS _____

CITY _____ STATE _____ ZIP _____ TERMS _____

CONTACT NAME _____ TELEPHONE# _____ CREDIT LIMIT _____

COMPANY NAME _____

ADDRESS _____

CITY _____ STATE _____ ZIP _____ TERMS _____

CONTACT NAME _____ TELEPHONE# _____ CREDIT LIMIT _____

Resale Information

Resale Number _____

with this application

Individuals Authorized to Sign

Adolph Gasser, Inc. allows deposit waiver (DW) account and charge account customers to authorize other individuals to pick-up equipment or supplies on their account. List other individuals below or send a written letter of authorization to: Adolph Gasser Inc. Accounts Receivable, 181 2nd st, San Francisco, CA 94105. Account holders are solely responsible for all costs incurred by additional signers to his/her account.

SIGNATURE TITLE DATE

Do you require a Purchase Order? yes no

If yes, please indicate: Written P.O. Verbal P.O. #

For Adolph Gasser Photography use only:

Remarks: _____

Authorized _____ Approved _____ Date _____