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**Personal Credit Application**

**Type of Credit** (please check one)

- Individual credit       Joint credit with your spouse
- Joint account with a business partner someone other than your spouse.

**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.

**Personal Credit Information**

FIRST NAME                      INITIAL                      LAST NAME

AGE                                      TELEPHONE#

ADDRESS                      CITY                      STATE                      ZIP  
 How long at present address \_\_\_\_\_

Own or buying    Live with relatives    Rent \_\_\_\_\_ AMOUNT

PREVIOUS ADDRESS (IF LESS THAN FIVE YEARS)

**Applicant please complete section below**

SOCIAL SECURITY#                      DRIVERS LICENSE #

EMPLOYER HOW LONG

ADDRESS

CITY                      STATE                      ZIP                      TELEPHONE#

PREVIOUS EMPLOYER HOW LONG

ADDRESS

CITY                      STATE                      ZIP                      TELEPHONE#

Please complete the section below for co-applicant if applying for joint credit

CO-APPLICANTS NAME

CO-APPLICANTS SOCIAL SECURITY#    CO-APPLICANTS DRIVERS LICENSE #

EMPLOYER HOW LONG

ADDRESS

CITY                      STATE                      ZIP                      TELEPHONE#

PREVIOUS EMPLOYER HOW LONG

ADDRESS

CITY                      STATE                      ZIP                      TELEPHONE #

**Bank References**

CHECKING ACCOUNT#                      BANK NAME

ADDRESS    CITY                      STATE                      ZIP

TELEPHONE#

SAVINGS ACCOUNT#                      BANK NAME

ADDRESS    CITY                      STATE                      ZIP

TELEPHONE#

MONTHLY INCOME:                      CO-APPLICANT'S MONTHLY INCOME:  
 Income \$ \_\_\_\_\_                      Income \$ \_\_\_\_\_  
 Other income \$ \_\_\_\_\_                      Other income \$ \_\_\_\_\_  
 Total income \$ \_\_\_\_\_                      Total income \$ \_\_\_\_\_

**Debit and Credit Information**

INCLUDE MORTGAGE, CAR PAYMENT, AND/OR CREDIT CARD INFORMATION

COMPANY NAME

ADDRESS    CITY                      STATE                      ZIP

TELEPHONE#    AMOUNT OWED \_\_\_\_\_

COMPANY NAME

ADDRESS    CITY                      STATE                      ZIP

TELEPHONE#    AMOUNT OWED \_\_\_\_\_

**Personal References (Family Members)**

NAME                                      RELATIONSHIP

ADDRESS    CITY                      STATE                      ZIP

NAME                                      RELATIONSHIP

ADDRESS    CITY                      STATE                      ZIP

**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 OF APPLICANT                      DATE

SIGNATURE OF CO-APPLICANT                      DATE