



chatercamera inc  
1336 Ninth Street  
Berkeley, CA 94710

t:510.525 5400  
f:510.295 2478  
www.chatercamera.com

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## new account application

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### Contact Information:

Company: \_\_\_\_\_ Contact: \_\_\_\_\_

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Website: \_\_\_\_\_

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### Shipping information:

Company: \_\_\_\_\_ Contact: \_\_\_\_\_

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

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### Type of Business:

Sole Proprietor \_\_\_\_\_ Partnership \_\_\_\_\_ Corporation \_\_\_\_\_ LLC \_\_\_\_\_ S Corp \_\_\_\_\_

FEIN# \_\_\_\_\_ State in which business resides \_\_\_\_\_

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### Principle Officers:

Name: \_\_\_\_\_ Title: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Name: \_\_\_\_\_ Title: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Name: \_\_\_\_\_ Title: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_



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**Billing Information:**

Accounting Contact: \_\_\_\_\_

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Does your company require P.O.s? \_\_\_\_\_

Invoices to be submitted via (circle all that apply):    email    fax    mail

**Trade/Credit References:**

Name: \_\_\_\_\_ Contact: \_\_\_\_\_

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

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Name: \_\_\_\_\_ Contact: \_\_\_\_\_

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

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Name: \_\_\_\_\_ Contact: \_\_\_\_\_

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

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

In consideration of the extension of credit terms, the undersigned severally and/or collectively do personally guarantee the payment of all charges made by and on behalf of the applicants, plus attorney's fees, court costs and all other costs should collection proceedings be necessary. You are hereby authorized to request all necessary credit information from the references given to assist in your extension of credit to the undersigned. The said persons and/or companies listed above are hereby authorized and directed to release such information to you upon request.

Signed by \_\_\_\_\_ Title \_\_\_\_\_

Printed name \_\_\_\_\_ Date \_\_\_\_\_