



Imaging Resources

C.O.D. New Account Purchase Application

Name of Applicant _____

Business Name _____

Address _____ ST _____ Zip _____

Telephone _____ Fax _____

Type of Business: Corporation _____ Partnership _____ Individual _____

How Long in Business _____ Resale No _____ (Please attach copy)

Name of the person to be contacted for P.O.'s _____

President _____ Social Security # _____

Officer _____ Social Security # _____

Bank Name _____ Branch _____

Address _____ ST _____ Zip _____

Bank Account # _____ Officer _____ Tel _____ Fax _____

The above information is herewith submitted to Noops International, Inc. for the purpose of purchasing goods. The undersigned authorizes Noops International to obtain relevant information from the bank reference mentioned above to verify funds availability, etc. In the event of suit or collection activity, reasonable attorney fees and collection costs will be added to the applicant debt. In the event of litigation arising from invoice or this contract, all parties agree that venue will be in Los Angeles County and California shall prevail. If payments are to be made by credit card; the undersigned acknowledges Noops International prior to release of goods must obtain proper authorization.

A \$35 fee will be charged on all returned checks.

Date _____ Signed _____ Title _____

Web: ir-usa.com e-mail: info@ir-usa.com

20315 Nordhoff Street, Chatsworth, CA 91311 USA * Phone 818-727-9740 * Fax 818-727-7325

