

CREDIT LINE REQUESTED: \$

Rimage Corporation Representative:

BUSINESS CONTACT INFORMATION

Legal Company Name:	<input type="checkbox"/> Tax Exempt, exemption documents must be attached	
DBA:	Parent:	
Billing Address:		
City:	State/Province:	Zip/Postal:
Country:	Phone:	Fax:
Principal/Owner(s) Name and Title: <small>(Ship to address if different than above)</small>		
Ship to Address:		
City:	State/Province:	Zip/Postal:
Country:	Company Website Address:	
A/P Contact:	A/P Email:	
A/P Phone:	Federal ID # (US Only):	
Type of Business: <input type="checkbox"/> Proprietorship <input type="checkbox"/> Partnership <input type="checkbox"/> Corporation <input type="checkbox"/> LLC Other:	D&B #:	
Date Business Started:	State/Province, Country of Incorporation:	

BANKING INFORMATION

Bank Name:	Phone:	
Bank Address:	Fax:	
City:	State/Province:	Zip/ Postal:
Country:	Bank Account Number(s):	
Bank Contact:	Title:	

SIGNATURE

- I / We agree to make all payments within the agreed upon terms with Rimage if approved for net terms.
- I / We hereby release credit or financial information to Rimage or its assignees.
- I / We have read and agree to the Rimage Corporation Sales Terms and Conditions located at www.rimage.com/legal.

Signature:	Date:
Print Name:	Title:

The Rimage Corporation Sales Terms and Conditions, located at www.rimage.com/legal, apply and are incorporated into any and all purchases from Rimage by reference. Customer, and guarantor, if any, expressly agrees that all purchases from Rimage shall be governed by the Rimage Corporation Sales Terms and Conditions. Rimage specifically rejects and Customer specifically disclaims all provisions in any Customer purchase orders, including any associated forms and/or documents.

AGREEMENT / PERSONAL GUARANTEE-(Optional, for Additional Consideration)

As additional consideration for the extension of credit to Print name, the undersigned personally guarantees and agrees to pay, when due, and upon demand, the full amount of any indebtedness owed to Rimage by Company name in connection with such sales. This shall continue in force until ten days after Rimage receives written notice from me revoking same and any such revocation shall not in any way relieve me from liability for any indebtedness incurred prior to the receipt of such notice. Revocation of Personal Guarantee must be received by certified mail. Social Security number required for guarantee to be evaluated.

Signature:	Social Security #:
Print Name:	Title:
Witness:	Date Witnessed: