

Date _____ 20_____

Alliance Imaging, Inc.
16 Kendrick Road, Unit 3
Wareham, MA 02571
(800)443-9729

CREDIT APPLICATION
(Please Type or Print)

DOCTOR'S/OWNER'S NAME _____

NAME OF FACILITY _____

Street _____ Phone _____ Fax _____

Mailing Address _____

City _____ State _____ Zip Code _____

Name of Officers or Owners _____

Year Established _____ Is Business Incorporated? _____

Bank Reference _____ Officer _____ Account No. _____

Are Purchase Orders required to charge your account? _____

Business References: Please include Company Name, Address, Contact Person, Telephone Number.

1. _____	2. _____	3. _____
_____	_____	_____
_____	_____	_____
_____	_____	_____

NOTE: IF ACCOUNT IS AUTHORIZED TO PURCHASE ON OPEN ACCOUNT, BE IT UNDERSTOOD THAT ALL PURCHASES BE DUE AND PAYABLE WITHIN THIRTY DAYS OF INVOICE DATE. 1.5% FINANCE CHARGE ON ALL BALANCES OVER THIRTY DAYS. THE UNDERSIGNED OFFICIAL, TO INDUCE THE GRANTING OF CREDIT TO THE ABOVE-NAMED FIRM, HEREBY PERSONALLY GUARANTEES THE COMPANY'S CREDIT.

Signed: _____ Printed Name: _____
Individually and as an officer of the firm.

FOR CREDIT DEPARTMENT USE ONLY:

Length of time sold:	1. _____	2. _____	3. _____
High Credit:	_____	_____	_____
Terms:	_____	_____	_____
Pays when due:	_____	_____	_____
Other Comments:	_____	_____	_____

Authorized Credit Limit: \$ _____

Authorized By: _____ Date: _____