

Commercial Account Information Form

Company Name: _____

Mailing Address: _____

Phone number: _____

Fax number: _____

Accounting/Financial Contact at company: _____

Contact information for Primary Account Holder:

Name: _____

Phone: _____ **e-mail:** _____

*Please check **ONE OPTION** and fill out appropriate information below:*

Payment option #1: Credit Card Account

Card type (please circle one): Visa Mastercard American Express

Card number: _____ Exp. Date: _____

Name on Card: _____

Authorization signature for card: _____

Primary account holder: _____

Additional authorized employees to purchase ESWIB images using this card:

- | | |
|----------|---------------------|
| 1. _____ | title: _____ |
| 2. _____ | title: _____ |
| 3. _____ | title: _____ |
| 4. _____ | title: _____ |

Payment option #2: Deposit Account

You can send AGI a check or money order for image purchases that will act as a credit account toward image purchases. We request a minimum of \$250 initial deposit to use this option.

Please indicate here the amount that will be sent to AGI: \$ _____

(please note, no images will be able to be released until a check is received).

Primary account holder: _____

Authorized signature: _____

Additional authorized employees to purchase ESWIB images using this deposit account:

- | | |
|----------|---------------------|
| 1. _____ | title: _____ |
| 2. _____ | title: _____ |
| 3. _____ | title: _____ |
| 4. _____ | title: _____ |

**You will be contacted once this information is processed and your account is activated.
Thank you!**