



Check Acceptance Application

Name of Business: _____

Physical Address of Business: _____

Business Phone: _____ Business Fax: _____

Date Business Established: _____

Full Name of Person Signing Checks: _____
(Application for each authorized signature must be on file)

Home Address: _____

Social Security Number: _____ Date of Birth: _____

Height: _____ Hair Color: _____ Eye Color: _____

Drivers License Number: _____ Issuing State: _____
(A copy of Drivers License must accompany this application)

Name of Bank: _____ Account Number: _____

Bank Address: _____

Bank Phone Number: _____ Contact Person: _____

Our Terms are C.O.D. CASH to all accounts until this application has been approved.

The undersigned confirms the above statements are true and correct. I hereby authorize Southpoint Photo Supply, Inc. to verify the above information. I acknowledge there will be a \$25.00 fee assessed for any returned check.

Authorized Name (Printed) Authorized Signature Date

Main Office: 9008 Governors Row, Dallas, TX 75247

Eastern Division: 1054 Acorn Drive Nashville, TN 37210

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