



CUSTOMER APPLICATION

Contact us at (800) 238-8259

OR (423) 339-6672

Fax to: (423) 339-6696 or Mail to: Studio Pro Group, 1525 Hardeman Lane NE, Cleveland, TN 37312

REQUIRED CUSTOMER INFORMATION

Studio Name: _____

Owner Name: _____ Contact Name: _____

Address: _____ **Circle One:** Residential OR Business/Commercial

City: _____ State: _____ Zip: _____

Studio Phone Number _____ Fax Number _____

Cell Phone Number _____ Other Phone Number _____

EMAIL: _____ WEB ADDRESS: _____

TENNESSEE RESIDENTS ONLY: PLEASE INCLUDE A COPY OF YOUR TN STATE SALES TAX CERTIFICATE.

REQUIRED CREDIT CARD INFORMATION

American Express, Discover, Master Card or Visa

PRIMARY ACCOUNT to be billed for each order placed.

Credit Card Holder: _____
(Name as it appears on card)

Billing Address: _____

City: _____ State _____ Zip _____

CARD TYPE
Circle one: American Express, Discover, Master Card or Visa

Card Number _____

Expiration Date _____

SECONDARY ACCOUNT (Optional)

Credit Card Holder: _____
(Name as it appears on card)

Billing Address: _____

City: _____ State _____ Zip _____

CARD TYPE
Circle one: American Express, Discover, Master Card or Visa

Card Number _____

Expiration Date _____

I authorize Studio Pro Group to retain my credit card information on file and to charge all of my purchases with said company to my card, unless revoked in writing by me.

Signature _____ **Date** _____

TELL US ABOUT YOU!

Please take a minute to help us learn more about your business so that we may better serve your needs!

Years in Business? _____

Years in Business at this location? _____

Number of employees? _____

Are you photographing full time? _____

What type of Digital Camera? _____

Where did you hear about Studio Pro Group? _____

What % of your business is devoted to:

_____ Weddings

_____ Portraits

_____ Seniors

_____ Event Packs

_____ Underclass Packs

_____ Other (describe) _____

Services and Products you are interested in:

_____ Retouching _____ Templates

_____ Proofs _____ Proof Books

_____ Prints to 8 x 10 _____ Prints to 30 x 40

_____ Finishing Services _____ Frames

_____ Mattes _____ I-Mount Books

_____ Web Hosting _____ Other (describe) _____

OFFICE USE ONLY:	Sales Associates Name	Sales Associate #
Date entered into Computer:	By:	New Account #