

CREDIT/TERMS APPLICATION

INFORMATION

Customer/Business Nam	e		
Billing Address			
City	State		Zip Code
Telephone		Fax _	
Contact Person			
Email address			
Company Type □ Ind	ividual 🗆 Sole I	Proprieto	corship 🗆 Partnership 🗀 Corporation
Federal Tax ID or Social	Security #		
Resale Account #			
Is a Purchase Order req	uired? □ Yes □	No	
Name of individual(s) wi	th authorization:		
Trade References (Ple	ase provide 3 diff	erent co	ompanies you purchase from)
Company (1)			
City	State		Zip Code
Telephone		Fax	
Contact Person			Account #
Company (2)			
			Zip Code
Telephone		Fax	
Contact Person			Account #
Company (3)			
Address			
			Zip Code
Telephone		Fax	
Contact Person			Account #

For the purpose of obtaining Open Account Credit, I (we) state the above information is true and correct, and authorize Audio Department, LLC to verify any information submitted. I (we) understand that if approved our terms are NET 30 days. Accounts not paid in this time frame will be charged 1.5% interest rate per month and future orders will be on a C.O.D. basis until the account is current. Additionally, I (we) hereby personally guarantee full payment of any obligation of the listed Company and I (we) hereby agree to bind myself to pay on demand any sum, which may become due by the Company whenever the Company shall fail to pay the same. Should collection or legal action be required to collect past dues, fees for such action will be added to your account.

Please Check:				
Rental Policy on our website has been read and agreed to.				
☐ <u>Terms of Agreement</u> on our website has been read and agreed to.				
Print Name	_Title			
Signature	Date			