
CREDIT APPLICATION

CUSTOMER INFORMATION

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Business Trade Name

Business Phone

() -

Business Legal Name

Business Fax

Billing Address

City

State/Province/Country

Zip

Length of time operating at the above named business: _____

Length of time at this address: _____

Number of Employees: _____

Annual Sales Income: _____

Credit Line Desired: _____

Reseller: YES / NO

BANKING INFORMATION

Bank Name

Address

Checking Account #

Savings Account #

Loan #

Account Officer

Telephone

FAX

SALES TAX INFORMATION (if no tax, please attach tax exempt certificate)

D & B # _____ Federal Tax ID # (TIN) _____

ACCOUNTS PAYABLE INFORMATION

Contact

E-mail

Phone#

CREDIT REFERENCES (or please submit the company's banks and trades)

<p>**Creditor _____</p> <p>Contact _____</p> <p>**Telephone _____</p> <p>**Fax _____</p> <p>Acct# _____</p> <p>* denotes a required field</p>	<p>**Creditor _____</p> <p>Contact _____</p> <p>**Telephone _____</p> <p>**Fax _____</p> <p>Acct# _____</p> <p>* denotes a required field</p>
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ORDER AUTHORIZATION

- _____ We authorize BCDVideo, Inc. to place orders only after receipt of our hard copy purchase orders.
- _____ We authorize BCDVideo, Inc. to place orders from signed quotes and we will pay for those orders as invoiced.

The following signatures are acceptable:

RELEASE OF CREDIT INFORMATION

The customer for the purpose of obtaining credit submits this information sheet to BCDVideo. By signing this document, the customer certifies that all information is correct to the best of the customer's knowledge. The customer hereby authorizes the release of credit and banking information to BCDVideo, Inc. by the references listed on these pages.

Printed Name _____ Title _____

Signature _____ Date _____

(Must be signed by authorized person on bank account)

To submit, please send information by email to credit@bcdvideo.com