
CREDIT APPLICATION

CUSTOMER INFORMATION

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