



Credit Application

Administrative Offices • Lawrence Park Industrial Center
485 Parkway South • Broomall, PA 19008 • (610) 544-8700 FAX (610) 544-3385

Company Name _____

Address _____

City _____ State _____ Zip _____

Telephone Number (_____) _____ Fax Number (_____) _____

Shipping Address (if different from above) _____

City _____ State _____ Zip _____

Nature of Business _____ Date Established _____ Dunn's # _____

Check One:

Individual Partnership

Social Security # _____

List Partners _____ Social Security # _____

_____ Social Security # _____

Corporation

List Officers and Titles _____

References - List names, telephone and fax numbers of companies with whom you have established credit comparable to the level you are applying for with Visual Sound, Inc.

1. _____ ph(_____) _____ fx(_____) _____

2. _____ ph(_____) _____ fx(_____) _____

3. _____ ph(_____) _____ fx(_____) _____

Bank Reference - Name of financial institution _____

Address _____

Account # _____

Contact Name/Number _____ (_____) _____

Are you exempt from Sales Tax? Yes No

If exempt, a tax exemption certificate MUST be included with your application. If a sales tax exemption form is not submitted for our files, we are required to collect sales tax in accordance with governing state laws.

Terms of Credit Extension

1. All invoices are due 30 days from date of invoice. Credit availability may be suspended if payment is not received within 30 days of invoice date.
2. Purchaser agrees to pay any and all attorney's fees, collection fees, and expenses incurred to collect unpaid balances. Purchaser further agrees that the courts of the State of Pennsylvania shall have jurisdiction over any necessary suits.

I certify that all the above information is correct. I understand that a credit check will take place. I fully understand Visual Sound's credit terms and agree to the proper payment of all debts incurred.

Signature (Officer or Owner)/Title _____ **Date** _____