



## 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** \_\_\_\_\_