

CREDIT APPLICATION

Completion of all requested information is required in order to be considered for terms

NAME: _____ **APPLICATION DATE:** _____

BILL TO _____ **SHIP TO** _____

PHONE: _____ **PHONE:** _____
FAX: _____ **FAX:** _____

TYPE OF BUSINESS _____ **ACCOUNT TYPE REQUESTED** _____
Sole Proprietorship COD Co. Check
Partnership Net 10 Days
Corporation Net 30 Days

ESTIMATED SALES FOR 12 MONTHS: _____

WHEN & WHERE ESTABLISHED: _____

PRINCIPALS (Names, home addresses and phone numbers. No PO boxes, please.):

EIN# OR SS#: _____ **DRIVER'S LIC# & EXP:** _____

BANK NAME: _____
BANK ADDRESS: _____
BANK ACCOUNT #: _____ **OR** _____
BANK CONTACT: _____

THREE CREDIT REFERENCES IN THE VIDEO OR RECORDED MUSIC SALES INDUSTRY:

NAME: _____	NAME: _____	NAME: _____
ADDRESS: _____	ADDRESS: _____	ADDRESS: _____
_____	_____	_____
_____	_____	_____
ACCOUNT #: _____	ACCOUNT #: _____	ACCOUNT #: _____
PHONE: _____	PHONE: _____	PHONE: _____
FAX: _____	FAX: _____	FAX: _____

PLEASE READ CAREFULLY: I hereby warrant that the above information is true and correct, and is furnished for the purpose of obtaining credit for the Company. I further agree that MVD may make credit inquiries, and I consent that MVD may obtain information from credit references. I understand that if an outside collections agency or legal firm is used to collect past due balances, the Company will be responsible for the full expenses incurred.

PRINCIPAL'S SIGNATURE _____ **TITLE** _____ **PHONE NUMBER** _____