

# Credit Application

Date \_\_\_\_\_

Company Name \_\_\_\_\_ Federal ID No \_\_\_\_\_

Address \_\_\_\_\_

City, State, Zip \_\_\_\_\_

Phone: \_\_\_\_\_ Fax \_\_\_\_\_ Years in business \_\_\_\_\_

Type of Ownership:             Corporation             Partnership             Sole Proprietor

D&B St No \_\_\_\_\_ Resale No \_\_\_\_\_

Type of business \_\_\_\_\_ Credit line desired \_\_\_\_\_

Social Security \_\_\_\_\_ Drivers License \_\_\_\_\_ LAV Contact \_\_\_\_\_

## Company Contacts

Accounts Payable \_\_\_\_\_ Phone/Ext \_\_\_\_\_

Purchasing Agent \_\_\_\_\_ Do You Use P.O.'s ?  Yes             No

Who Authorizes Payment \_\_\_\_\_

### Credit Reference One

Name \_\_\_\_\_

Mailing Address \_\_\_\_\_

City \_\_\_\_\_

State, Zip \_\_\_\_\_

Contact \_\_\_\_\_

Title \_\_\_\_\_

Phone (area code) \_\_\_\_\_

### Credit Reference Two

Name \_\_\_\_\_

Mailing Address \_\_\_\_\_

City \_\_\_\_\_

State, Zip \_\_\_\_\_

Contact \_\_\_\_\_

Title \_\_\_\_\_

Phone (area code) \_\_\_\_\_

### Credit Reference Three

Name \_\_\_\_\_

Mailing Address \_\_\_\_\_

City \_\_\_\_\_

State, Zip \_\_\_\_\_

Contact \_\_\_\_\_

Title \_\_\_\_\_

Phone (area code) \_\_\_\_\_

### Bank Reference

Name \_\_\_\_\_

Mailing Address \_\_\_\_\_

City \_\_\_\_\_

State, Zip \_\_\_\_\_

Contact \_\_\_\_\_

Title \_\_\_\_\_

Phone (area code) \_\_\_\_\_

Returns must have prior approval by management. Returns subject to prevailing handling charges. A service charge of 1.9% per month will be assessed on past due accounts. If any legal action or any arbitration or other proceeding is brought for the enforcement of this agreement or because of an alleged dispute, breach, or misrepresentation in connection with any of the provisions of this agreement, the successful or prevailing party or parties shall be entitled to recover reasonable attorney's fees and other costs incurred in that action or proceeding, in addition to any other relief to which Lubbock Audio Visual may be entitled. All credit applications are subject to normal credit approval.

Signature \_\_\_\_\_

Print Name \_\_\_\_\_

Title \_\_\_\_\_

Date \_\_\_\_\_

For Office Use Only

Account Number \_\_\_\_\_

Terms \_\_\_\_\_ Date Opened \_\_\_\_\_

**Lubbock Audio Visual**

**2120 Ave Q**

**Lubbock, TX 79405**

**(806) 744-2559**

**Fax (806) 747-6939**