



Magnamusic Distributors, Inc.

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CREDIT APPLICATION FOR A BUSINESS ACCOUNT

BUSINESS CONTACT INFORMATION

Title:

Company Name:

State Resale#:

Phone:

Fax:

Billing Address:

City:

State:

Zip:

Date Business Commenced:

BUSINESS AND CREDIT INFORMATION

Accounting Contact:

Purchasing Contact:

Shipping Address:

City:

State:

Zip:

Is this a business address? Please circle YES or NO

What type of account would you like?

- Open Account. Billed with net of 30 days from invoice date. (Please fill out bank and credit references.)
- Bill my credit card. (No need to fill out bank and credit references.)

Credit Card Number: / / /

Expiration: /

CC Billing address:

CC Billing Zip Code:

CVV2 Number (last 3 digits at back of card):

Note: A small 4% surcharge for credit card payments will be added to all credit card payments.

Phone:

Fax:

E-mail:

Bank Name:

Bank Address:

Phone:

City:

State:

Zip:

Account Number:

BUSINESS/TRADE REFERENCES

Company Name:

Address:

City:

State:

Zip:

Phone:

Fax:

E-mail:

Type of Account:

Company Name:

Address:

City:

State:

Zip:

Phone:

Fax:

E-mail:

Type of Account

Company Name:

Address:

City:

State:

Zip:

Phone:

Fax:

E-mail:

Type of Account

AGREEMENT

1. All invoices are to be paid 30 days from the date of the invoice unless otherwise noted.
2. Claims arising from invoices must be made within 10 working days from invoice date.
3. All overdue invoices bear interest at 1.5% per month on unpaid balances. There is also a \$25 returned payment fee for any declined checks/automatic withdrawals.
4. Any credit extended to the applicant may be reduced or eliminated in the event Magnamusic Distributors, Inc., in its reasonable discretion, determines that the applicant's financial situation or ability to pay is impaired.
5. By submitting this application, you authorize Magnamusic Distributors, Inc. to make inquiries into the banking and business/trade references that you have supplied.

SIGNATURES

Title:

Date: