

Credit Application for Terms

Name/Address

Last: Middle Initial:	First:	Title	
Name of Business:		Tax I.D. Number	
Address:			
City: Phone:	State:	ZIP:	

Company Information

Type of Business:	In Business Since:		
Legal Form Under Which Business Operates:			
Corporation <input type="checkbox"/>		Partnership <input type="checkbox"/>	
Proprietorship <input type="checkbox"/>			
If Division/Subsidiary, Name of Parent Company: Since:			In Business
Name of Company Principal Responsible for Business Transactions:			Title:
Address: Phone:	City:	State:	ZIP:
Name of Company Principal Responsible for Business Transactions:			Title:
Address: Phone:	City:	State:	ZIP:

Trade References

Company Name:	Company Name:	Company Name:
Contact Name:	Contact Name:	Contact Name:
Address:	Address:	Address:
Phone:	Phone:	Phone:
Account Opened Since:	Account Opened Since:	Account Opened Since:
Credit Limit:	Credit Limit:	Credit Limit:
Current Balance:	Current Balance:	Current Balance:

I hereby certify that the information contained herein is complete and accurate. This information has been furnished with the understanding that it is to be used to determine the amount and conditions of the credit to be extended. Furthermore, I hereby authorize the financial institutions listed in this credit application to release necessary information to the company for which credit is being applied for in order to verify the information contained herein.

 Signature

 Date

Secondary Payment Authorization Form

Instructions

1. Complete the form by printing legibly all billing and shipping information in the blanks below.
2. Sign with the credit card holder's signature on the line indicated.
4. Fax completed document to secure fax machine **704-896-3925** to complete your order.

I, _____, hereby authorize KS Audio Video to charge my credit card account up to the amount of \$_____ (this will be the credit limit for your account) for any authorized services requested for your business. The secondary payment option will only be used if your account becomes delinquent.

Type of Card: VISA MASTERCARD AMERICAN EXPRESS

Credit Card Number _____ Expiration Date _____ CVC Code _____

Name on Card _____

Company Name _____

I agree that KS Audio Video will bill this credit card paid in full.

Credit Card Billing Address

Street: _____

City: _____

State: _____ Zip Code: _____

Telephone: _____

Requested Shipping Address

Street: _____

City: _____

State: _____ Zip Code: _____

Telephone: _____

As the credit card holder, I hereby authorize receipt of merchandise at the shipping address above.

Cardholder's Signature _____

Date _____

Your completion of this authorization form helps us to protect you, our valued customers, from credit card fraud. All information entered on this form will be kept strictly confidential by KS Audio Video.

Complete and fax all documents required to: 704-896-3925