



Hughie's Audio Visual Service Inc.
APPLICATION FOR CREDIT

DATE: _____

Fax to: (216)361-2570

Company Name: _____

Address: _____

City, State, Zip: _____

Phone Number: _____ Fax Number: _____

Accounts Payable Contact: _____

Number of Years in Business: _____

Trade References: Please list complete address, phone & fax numbers for a minimum of 4 references. Listing firms that will promptly release information by fax will expedite application processing.

1. _____

2. _____

PH# _____

PH# _____

FAX _____

FAX _____

3. _____

4. _____

PH# _____

PH# _____

FAX _____

FAX _____

Bank Name: _____ Contact: _____

Phone # _____ Account # _____

Amount of Credit Requested _____ \$500-\$999 _____ \$1000-\$2499 _____ \$2500+

Please list personnel authorized to order equipment:

Name: _____ Position: _____ Ph. #: _____

Name: _____ Position: _____ Ph. #: _____

Are you SALES and/or USE TAX EXEMPT? No _____ Yes _____ ID# _____

Do you have any special BILLING INSTRUCTIONS? _____

Do you require PO #'s? YES _____ NO _____

I hereby declare that the information given on this application is complete and accurate. I understand and agree that payment terms are UPON RECEIPT, unless otherwise approved by credit manager.

Signature: _____ Date: _____

Print name & Title: _____

FOR OFFICE USE ONLY

Reviewed by _____ Date _____

_____ Approved

_____ Declined (give reason) _____

_____ Additional references required

_____ Additional information required (specify) _____