



## CREDIT APPLICATION FOR A BUSINESS ACCOUNT

### BUSINESS CONTACT INFORMATION

BILLING ADDRESS		OFFICE ADDRESS	
Company Name		Company Name	
Attention		Attention	
Street Address		Street Address	
City, State, Zip		City, State, Zip	
Phone	Fax	Phone	Fax
Email		Email	

### GENERAL INFORMATION

Date Business Started	State of Incorporation	Type of Business (Circle One) Individual   Partnership   LLC   Corporation	
Federal Tax ID No	D&B No	Amount of Credit Desired	

### ORDERING INFORMATION

Purchasing Agent Name		
Phone	Fax	Email
Are Purchase Orders Required	Is Merchandise for Resale	Resale No (please provide copy of resale certificate)
Accounts Payable Contact		
Phone	Fax	Email

### BANK INFORMATION

Bank Name		
Bank Address		
City	State	Zip
Bank Contact Officer		
Phone	Fax	Email
Type of Account	Account No	



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### BUSINESS TRADE REFERENCES

<b>Company Name</b>		<b>Account No</b>	
<b>Address</b>			
<b>City</b>	<b>State</b>	<b>Zip</b>	
<b>Phone</b>	<b>Fax</b>	<b>Email</b>	
<b>Company Name</b>		<b>Account No</b>	
<b>Address</b>			
<b>City</b>	<b>State</b>	<b>Zip</b>	
<b>Phone</b>	<b>Fax</b>	<b>Email</b>	
<b>Company Name</b>		<b>Account No</b>	
<b>Address</b>			
<b>City</b>	<b>State</b>	<b>Zip</b>	
<b>Phone</b>	<b>Fax</b>	<b>Email</b>	

### TERMS AND CONDITIONS

All accounts are COD until a credit application has been completed, reviewed, and approved. If any indebtedness incurred pursuant to this request for credit is not paid in full when due, the undersigned agrees to pay all costs of collection, including a reasonable attorneys fee. Any balance so remaining unpaid shall bear interest at the lesser rate of 1.5% per month or the maximum rate permitted by applicable law, until paid in full.

### ACCEPTANCE AND APPROVAL

Signing this agreement indicates your acceptance of the terms and conditions as stated. In addition, you authorize Custom Cable Connection to make any and all inquiries necessary to process this application for credit.

<b>Name of Authorized Representative</b>		<b>Title</b>	
<b>Agreed and Accepted, Signed</b>	<b>Phone</b>	<b>Date</b>	

Please fax the signed and completed form, along with any additional documentation needed to:  
972-241-9217 or email to: [Janeth@homeavcables.com](mailto:Janeth@homeavcables.com)