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CREDIT APPLICATION

Confidential Information for Credit Verification

COMPANY NAME: _____

ADDRESS: _____
CITY STATE ZIP CODE

PHONE: (_____) _____ FAX: (_____) _____

BUYER: _____

E-MAIL: _____ WEB ADDRESS: _____

CORPORATION

PARTNERSHIP

PROPRIETORSHIP

PRINCIPAL OFFICERS, PARTNERS, OWNERS

NAME: _____ TITLE: _____

YEARS ESTABLISHED: _____

RESALE TAX CERTIFICATE (Florida Only): _____ STATE: _____

TAX ID: _____

Federal ID #: _____

BANK NAME: _____ PHONE: (_____) _____

BANK ADDRESS: _____
CITY STATE ZIP CODE

ACCOUNT #: _____ CONTACT: _____ TITLE: _____

VENDOR REFERENCES (Music Publishers)

COMPANY NAME: _____ ACCOUNT #: _____

ADDRESS: _____
CITY STATE ZIP CODE

PHONE: _____ FAX: _____ CONTACT: _____

COMPANY NAME: _____ ACCOUNT #: _____

ADDRESS: _____
CITY STATE ZIP CODE

PHONE: _____ FAX: _____ CONTACT: _____

COMPANY NAME: _____ ACCOUNT #: _____

ADDRESS: _____
CITY STATE ZIP CODE

PHONE: _____ FAX: _____ CONTACT: _____

SUBMITTED BY: _____
SIGNATURE

PRINT NAME AND TITLE

DATE: _____