

Name of Company: _____

Phone: _____ Fax: _____ Website: _____

Physical Address: _____

Billing address: _____

Years in business: _____ Year Incorporated: _____ State Incorporated: _____

Fed Tax ID or SS#: _____ Resale#: _____

A/P Contact: _____ Phone#: _____ Email: _____

Email Address for Invoicing _____

Type of Entity: Corporation _____ Partnership _____ Sole Proprietorship* _____ SS#: _____

Credit Card Information

I authorize you to automatically charge Card # _____

my credit card for my charges: Please initial _____ Exp Date _____

***Please make sure the address given matches the CC Address Name on Card _____

Officers, Partners, or Proprietor

Name: _____ Title: _____

Name: _____ Title: _____

Bank Reference

Name of Bank: _____ Contact: _____

Address: _____ Phone#: _____

Account Number: _____ Type of Account: _____

Trade References

1. _____	_____	_____
Company Name/Contact	Phone/Extension	Fax
2. _____	_____	_____
Company Name/Contact	Phone/Extension	Fax
3. _____	_____	_____
Company Name/Contact	Phone/Extension	Fax

For the purpose of procuring and maintaining credit from SpeakerFulfillmentServices(SFS) the undersigned represents and submits the following to be true, accurate, and complete as of the date hereof and authorizes and instructs any person or consumer agency to compile and furnish SFS any information concerning the undersigned which it may have or obtain in response to any inquiry from MRS. The undersigned jointly and severally and unconditionally guarantee and promise to pay SFS or it's Assignee, on demand any and all indebtedness, whether now or existing or hereafter created, of the above named applicant to SFS. In the event of any litigation or arbitration between the parties with respect to this agreement, charges and/or obligations created hereby or hereafter, SFS, shall be entitled to recover, in addition to any damages or other relief to which it may be entitled, reasonable attorneys' fees, agency fees and costs of litigation. The undersigned jointly and severally and unconditionally agree that venue for any legal action brought to enforce this agreement shall be held in Vigo County, IN

Authorized Signature (x): _____ Date: _____

Print Name: _____ Title: _____

PLEASE SIGN, DATE, AND FAX BACK TO 812-877-7115