



Professional Television Equipment Sales, Service & System Integration

CLIENT PROFILE/CREDIT APPLICATION

Company Name: _____

Requested By: _____ County: _____

Company Address, City, State & Zip: _____

Telephone: _____ Fax: _____

Number of Years in Business: _____ Amount of Credit Desired: _____

Type of Business: Corporation _____ Partnership _____ Sole Proprietorship _____ Other _____

BANK REFERENCE:

Bank Reference: _____

Contact: _____ Account # _____

Bank Telephone: _____ Fax: _____

PROFESSIONAL REFERENCES: (References must reflect similar credit limit as credit desired.)

<u>COMPANY</u>	<u>CONTACT</u>	<u>PHONE</u>	<u>FAX (REQUIRED)</u>
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_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Will this purchase be financed through a leasing agent or financial institution? _____

If yes: Name of Company: _____ Contact: _____

Address: _____ Phone: _____

Will this company be invoiced for this purchase? _____

Will your purchases be tax-exempt? _____ Tax Exempt #: _____

If yes, please send tax-exempt certificate with application.

Name of CFO or Business Manager at your Company: _____

Name of Purchasing Agent (if applicable): _____

**PLEASE NOTE: ALL ORDERS OVER \$10,000 REQUIRE A 30% DOWN PAYMENT UPON PLACEMENT OF ORDER.
NET 30 TERMS FOR THE REMAINING BALANCE WILL BE CONTINGENT UPON CREDIT APPROVAL.**

By signing below, you authorize ProVideo Systems, Inc. to inquire about your credit history.

Signature of Applicant: _____ Title: _____ Date: _____