



"ONE STOP SOURCE FOR ALL YOUR AUDIO/DATA DUPLICATION & PRINTING NEEDS"
30450 RYAN RD. . WARREN . MI . 48092

Allow up to 2 weeks to process credit application.

CREDIT APPLICATION



Tel. 586.573.4444

Fax 586.573.4454

NAME OF BUSINESS: _____

BUSINESS ADDRESS (NO P.O. BOXES) : _____

PHONE : _____ FAX: _____ HOW LONG AT THIS ADDRESS? _____ OWN LEASE

SOLE PROPRIETORSHIP PARTNERSHIP CORPORATION IF CORPORATION, NO. IN WHAT STATE?

HOW LONG IN BUSINESS? IF NON-PROFIT, NO. IF TAX-EXEMPT, NO.

HOW MUCH BUSINESS PER MONTH (IN DOLLARS) DO YOU EXPECT TO DO WITH IN THE MIX PRODUCTIONS? MUST BE AN AVERAGE OF \$1000 OR MORE PER MONTH

BANK NAME: _____ BRANCH LOCATION: _____ CONTACT NAME & PHONE : _____

HOW LONG WITH THIS BANK? CHECKING ACCOUNT# SAVINGS ACCOUNT#

ADDRESS CITY STATE ZIP

NAME : PHONE : FAX:

ADDRESS CITY STATE ZIP

NAME : PHONE: FAX:

ADDRESS CITY STATE ZIP

NAME TITLE SOCIAL SECURITY# PHONE

RESIDENCE ADDRESS CITY STATE ZIP

NAME TITLE SOCIAL SECURITY# PHONE

RESIDENCE ADDRESS CITY STATE ZIP

AUTHORIZED BY : _____

NAME TITLE SIGNATURE DATE

VISA# EXP. DATE AMERICAN EXPRESS# EXP. DATE

CARD HOLDER NAME DRIVER LICENSE #