



CREDIT APPLICATION

Submit only if requesting Net Terms

CREDIT TERM REQUEST

Credit Card COD Wire Transfer Prepaid Check Net Terms Days

Current Purchase requirement \$ _____ Estimated Annual Purchase \$ _____

Amount of Credit desired \$ _____

NOTE: IF YOU HAVE STANDARD LIST WITH CREDIT-BANK-TRADE REFERENCES, PLEASE ATTACH IT TO THIS APPLICATION

BUSINESS INFORMATION

Dunn & Bradstreet (D&B) No.:

Federal Tax ID No.:

Recent bankruptcy / re-organization or change in Ownership Yes No

Does your company require acknowledgment of each Purchase Order? Yes No

BANK INFORMATION

Bank Name:

Bank Address:

Contact Person:

Phone:

Fax:

Checking Account

Account number/s:

Credit Line / Other

CREDIT CARD INFORMATION

Name On Card:

Credit Card Type: MasterCard Visa Discover American Express

Card No.:

Exp Date:

CVV2 No.:

Name on Card (with Company name if shown):

Billing/Statement Address:

City:

State:

ZIP Code:

AGREEMENT

1. Upon execution of this agreement, customer agrees to pay all invoices within specified period on the terms approved by Screen Solutions and will bear all late fees at 18% annually and all collection/ legal charges in case of delinquency. Customer agrees to accept reduced terms for open account if payments are late consistently.
2. Upon exceeding the credit limit, customer agrees to pay the balance by alternative methods of payment like Credit Card, Wire transfer or COD.
3. By signing below the credit card holder agrees to pay all charges on the account for the products and services provided by Screen Solutions. Customer will be notified prior to applying any credit card charges. All credit card information is kept confidential and credit card numbers are not kept anywhere else.
4. By submitting this application, you authorize Screen Solutions to make inquiries into the banking and business/trade references that you have supplied.

SIGNATURES

Authorized Signature for credit reference

Authorized Signature for credit card

Name:

Name:

Title:

Title:

Date:

Date:

Screen Solutions International
P.O. Box 1164, North Highlands, CA 95660

Please FAX to 866-519-5149, or e-mail to ussales@ssidisplay.com
TEL: 888-792-6104 www.ssidisplay.com

BUSINESS/TRADE REFERENCES (PREFERRED FROM AV INDUSTRY)

Company name:		Account No.:	
Address:		City:	State & ZIP Code:
Phone:	Fax:	E-mail:	
Contact:		Typical Items Purchased:	
Type of account/Level:		Current Payment Terms:	
.....			
Company name:		Account No.:	
Address:		City:	State & ZIP Code:
Phone:	Fax:	E-mail:	
Contact:		Typical Items Purchased:	
Type of account/Level:		Current Payment Terms:	
.....			
Company name:		Account No.:	
Address:		City:	State & ZIP Code:
Phone:	Fax:	E-mail:	
Contact:		Typical Items Purchased:	
Type of account/Level:		Current Payment Terms:	

AGREEMENT

By submitting this application, you authorize Screen Solutions to make inquiries with banking and business/trade references you have supplied. All information received or gathered by Screen Solutions will be kept confidential and not released to third-party without written consent or legal demand.