



**Mediatechnics Systems Inc.**  
**4405 Buena Vista Rd.**  
**Ione, CA 95640**  
**Phone: 800-474-89963 FAX: 530-698-6191**

### APPLICATION FOR CREDIT

Company Name (DBA if applicable): \_\_\_\_\_

Billing Address: \_\_\_\_\_ D&B Number: \_\_\_\_\_

Shipping Address: \_\_\_\_\_

Business Phone: \_\_\_\_\_ Fax Phone: \_\_\_\_\_ Federal I.D. #: \_\_\_\_\_

Type of Business: Partnership Sole Proprietor Corporate LLC Year Incorporated: \_\_\_\_\_

Name of Chief Principal/President Home Address Home Phone

Financial Officer/Accounting Contact Phone Number

Bank Contract Account Number

Bank Address Phone Number

Give full Names of Owners, Partners, or Corporate Officers Names Title SS #

1. \_\_\_\_\_

2. \_\_\_\_\_

Please list three (3) trade references with addresses, phone numbers and fax numbers Company Name

Contact Person	Phone Number	Fax Number	Company Name
1. _____	_____	_____	_____
2. _____	_____	_____	_____
3. _____	_____	_____	_____

Are your purchases taxable \_\_\_\_\_ or for resale \_\_\_\_\_ ?  
If for resale, a property executed resale certification card must accompany this application when submitted.  
Resale Permit Number \_\_\_\_\_

**Applicant's Authorization and Agreement**  
In support of this application, Mediatechnics is hereby authorization to obtained credit and/or financial information from my/ our bank(s), other financial institutions or commercial firms with whom I/we have done business. It is understood that any such credit, and /or ,financial information will be held in strict confidence and used only in consideration of this application. Upon approval of this application, it is agreed that all services will be paid. Should I/we not pay Mediatechnics according to the terms indicated on the invoice ,it is understood that credit privileges may be withdrawn. Should Mediatechnics find it necessary to obtain assistance in collecting any past due balance, I/we agree to pay interest at the rate of 1 ½ % per month, reasonable attorney fees, collection fees and/or court costs allowable by law. A copy of this statement and application has been received.

Authorized signature: \_\_\_\_\_ Print/Type Name: \_\_\_\_\_  
Title: \_\_\_\_\_ Date Signed: \_\_\_\_\_