



Credit Application Form

PLEASE FILL OUT, SIGN AND RETURN THIS FORM BY FAX

TO: Idarca-Audio c/o Credit Department_ DATE: _____

FAX: 1-418-266-9990 # PAGES: _____

YOUR COMPANY Name: _____

Shipping address: _____ Billing address: : _____

Fax: _____ Fax: _____

Date founded: _____ Estimated annual sales: _____

Federal tax ID#: _____ Certificate exemption #: _____
(please attach a copy of the certificate)

BANK NAME: _____

Address: _____

Account number: _____

Contact person: _____ Title: _____

Contact person telephone: _____ Fax: _____

TRADE REFERENCES:

Company: _____ Fax: _____ Tel: _____

Company: _____ Fax: _____ Tel: _____

Company: _____ Fax: _____ Tel: _____

- The undersigned applicant:**
- ✓ agrees to pay all costs incurred to collect any amount due, including legal fess,
 - will
 - or will not submit a financial statement, if requested,
 - ✓ understands and agrees to comply with Idarca-Audio Inc payment terms of **NET 30 days upon credit approval**

The undersigned applicant certifies that all information submitted herein is complete and accurate and authorizes Idarca-Audio Inc to:

- ✓ request information about your firm from trade references, your bank and credit reporting agencies,
- ✓ disclose information about your firm to trade references
- ✓ obtain and check further information about your firm from time to time
- ✓ authorize any person we may contact to provide us with such information

Signature: _____ **Date:** _____

Name: _____ **Title:** _____