

109 Washington Street
Plainville, MA 02762

AUTO SOUND

CREDIT APPLICATION

FAX: 508-643-9920
PHONE: 508-643-9853
ATTN: BETH

EMAIL: ACCOUNTSRECEIVABLE@AUTOSOUND.COM

COMPANY INFORMATION

Company Name: _____ FID#: _____
Billing Address: _____ Tel #: _____
Shipping Address: _____ Fax #: _____
City: _____ SOLE OWNERSHIP PARTNERSHIP
State: _____ Zip: _____ CORPORATION

PRINCIPALS

Name: _____ Title: _____
HomeAddress: _____
City: _____ State: _____ Zip: _____ Tel #: _____

Name: _____ Title: _____
HomeAddress: _____
City: _____ State: _____ Zip: _____ Tel #: _____

CREDIT REFERENCES

A/P Contact Name: _____ Tel #: _____
PO Required YES NO Fax #: _____
Email: _____

(1) Name: _____ Account #: _____
Address: _____ Tel #: _____

(2) Name: _____ Account #: _____
Address: _____ Tel #: _____

(3) Name: _____ Account #: _____
Address: _____ Tel #: _____

BANK INFORMATION

Name: _____ Street Address: _____
City: _____ State: _____ Zip: _____ Tel #: _____
Account #: _____ Fax #: _____
Account #: _____ CHECKING LOAN

ALL information must be filled in COMPLETELY to be considered for credit. A finance charge of 1.5% per month at an annual percentage rate of 18% will be charged to accounts 30 days past due. The purchaser agrees to pay all costs of collections including reasonable attorney fees. The inancial charges provided herein are not regulated by law, they are a matter of agreements between the parties.

Read and Accepted: _____ Title: _____ Date: ___/___/___