

Credit Application

Recording Media & Equipment, Inc.

Information to be completed by the Applicant

COMPANY INFORMATION

How many years established at the current address? _____

Date: _____

Business Name _____ D/B/A _____

Address _____ Contact _____

City, State, Zip, Country _____ Phone Number _____

Ship to Address _____ Fax Number _____

City, State, Zip, Country _____ E-Mail Address _____

Former Business Address (if less than 5 years) _____ Federal EIN No. _____

City, State, Zip, Country _____ Florida Sales Tax No. _____

Briefly Describe Your Business: _____

Business SIC Code: _____ Date Established _____ Proprietorship _____ Partnership _____ Corporation _____ Sub-S _____

Does State, County or City Require a License? No _____ Yes _____ If yes, License No. _____

Number of Employees _____ Estimated Annual Sales \$ _____ Sales Area _____

Has the firm or any of its principals ever been bankrupt? No _____ Yes _____ (If yes, please attach explanation)

PRINCIPALS:

Name _____ Social Security Number _____

Title/Position _____ Home Phone Number _____

Home Address _____ Home Fax Number _____

City, State, Zip, Country _____ E-Mail Address _____

Name _____ Social Security Number _____

Title/Position _____ Home Phone Number _____

Home Address _____ Home Fax Number _____

City, State, Zip, Country _____ E-Mail Address _____

TRADE REFERENCES - Applicant's Suppliers of Major Products and Services. Please furnish us with 4 references (required).

Company Name (1)	Contact
Address	Phone Number
City, State, Zip, Country	Fax Number
Company Name (2)	Contact
Address	Phone Number
City, State, Zip, Country	Fax Number
Company Name (3)	Contact
Address	Phone Number
City, State, Zip Country	Fax Number
Company Name (4)	Contact
Address	Phone Number
City, State Zip, Country	Fax Number

BANK REFERENCES

Checking:

Name of Bank	Contact
Address	Account Number
City, State, Zip, Country	Phone Number Fax Number

Name of Bank	Contact
Address	Account Number
City, State, Zip, Country	Phone Number Fax Number

Loans:

Name of Bank	Contact
Address	Account Number
City, State, Zip Country	Phone Number Fax Number

Type of Loan Date Opened \$ Current Balance Secured: UCC-1 _____ Equipment _____ A/R _____ Personal Guarantee _____

Name of Bank	Contact
Address	Account Number
City, State, Zip, Country	Phone Number Fax Number

Type of Loan Date Opened \$ Current Balance Secured: UCC-1 _____ Equipment _____ A/R _____ Personal Guarantee _____

Credit

Line of Credit Requested \$_____ Please attach financial statements for last fiscal year and most recent financial available.

The undersigned agrees to credit terms as invoiced. Outstanding balances are subject to 1 1/2 % per month interest charge. Applicant agrees to pay any collection costs incurred to collect the account balance, including court costs, collection fees and attorney's fees of not less than 33% of the unpaid principal and interest.

As an inducement to grant credit, the undersigned agrees to the need for verification of all information of this application and authorizes and releases all banks, businesses and persons identified on this application to furnish any and all information requested by Recording Media & Equipment, Inc., or its representative, by telephone, fax, or written correspondence whichever Recording Media & Equipment, Inc., requests.

The undersigned warrants that the information is true and correct.

Company Date

Signature Title

Print Name

PERSONAL GUARANTEE

In consideration of credit being extended by Recording Media & Equipment, Inc., to the above named applicant, the undersigned guarantor(s) each contract and guarantee to \$_____ the faithful payment, when due, of all accounts of the applicant for the next 5 years from the date of application, the undersigned guarantor(s) each expressly waive all notice of acceptance of this guarantee, notice of extension of credit to applicant, presentment or demand for payment or demand for payment and any notice of default by applicant and all other notices guarantor(s) might otherwise be entitled to. Revocation of guarantee shall be in writing and delivered by Certified Mail to: Recording Media & Equipment, Inc., 3736 SE 30 Avenue, Fort Lauderdale, Florida 33312.

Signature Date

Print Name

CERTIFICATE OF RESALE - Applies to Companies in Florida

Included with this Credit Application is a copy of our Florida Department of Revenue Resale Certificate certifying that all material, merchandise, or goods purchased by the undersigned from **RECORDING MEDIA & EQUIPMENT, INC.**

Beginning _____ is purchased for resale, incorporated as material/part of other tangible personal property to be (Today's date) produced for sale by manufacturing, assembling, processing/refining or to be exported for sale, use or consumption outside the continental limits of the United States.

Additionally, I will provide **RECORDING MEDIA & EQUIPMENT, INC.** a new copy of my Resale Certificate before January 1st each year hereafter.

Florida Department of Revenue Resale Certificate Number Company

Certificate Registration Effective Date Address

Signature City, State, Country

Print Name Company Phone Number

Title Company Fax Number

Please Fax this completed form and Resale Certificate to Fax No. 954 791-6662

Credit Reference Inquiry Form

Information to be completed by the Applicant

Name of Credit Reference _____

Name of Applicant Applying for Credit _____

Name, Credit Reference

Applicant's Name

Address

Address

City, State, Zip

City, State, Zip

The undersigned individual/corporation has given their authorization to release their credit history to **Recording Media & Equipment, Inc.** Please provide us with the information listed below. All information received will be held in strict confidence.

Signed By: _____ Title _____ Date _____
Authorized Signature of Applicant

Print Name _____

Credit Information to Be Completed by Credit Reference/Vendor

First sold _____ Terms _____ Credit Limit _____ Secured: Yes ___ No ___

Current Balance _____ Past Due Amount _____ Days Late _____

Date of Last Sale _____ Pays within terms: Yes ___ No ___ If no, please explain:

Rating of Applicant: Excellent ___ Good ___ Average ___ Poor ___ Too New to rate ___

Comments: _____

Signed by _____ Title _____ Date _____
Authorized Signature

Print Name _____

Please Fax this completed form to 954 791-6662

Bank History Form

Information to be completed by the Credit Applicant

Name of Applicant's Bank _____	Name of Applicant Applying for Credit _____
Bank Name _____	Company Name _____
Bank Address _____	Company Address _____
Bank City, State, Zip _____	Company City, State, Zip _____

The undersigned individual/corporation has given authorization to release the requested bank information to **Recording Media & Equipment, Inc.** for the purpose of obtaining credit terms. Information will be held in strict confidence.

Account Name _____

Account No.(s) _____

Signed By _____ Title _____ Date _____
Authorized Applicant's Representative

Print Name _____

Information to Be Completed by the Credit Applicant's Bank

Date Account Opened _____ Checking _____ Savings _____ Average Balance _____

Account Type _____ Commercial _____ Personal _____

DBA: _____ NSF Checks: No _____ Yes _____ Quantity _____

Loan Experience:

Type of Loan _____ Opened _____ Current Balance _____

Security: UCC-1 _____ Equipment _____ A/R _____ Personal Guarantee _____

Loan Payment History: Prompt _____ Slow _____ Poor _____

Signature _____ Title _____ Date _____
Bank Representative

Print Name _____
Bank Representative

Please Fax this completed form to 954 791-6662