



P.O. Box 491087
 Los Angeles, CA 90049
 (P) 818-843-6555 (F) 818-562-6978
 www.dfxaudio.com

DATE _____

CREDIT APPLICATION

COMPANY INFO

Company/Customer Name: _____ Phone: (____) ____ - ____
 Address: _____ Fax: (____) ____ - ____
 City, State, Zip: _____ Email Address: _____
 President/Owner: _____ SS# ____ - ____ - ____
 Address: _____ Cal. DL# _____
 City, State, Zip: _____ Fed. ID# _____
 Years In Business: _____ Ownership Type: _____ Individual/Sole Proprietor _____ Partnership _____ Corporation

BANK INFO

Bank Name: _____ Phone: (____) ____ - ____
 Address: _____ Fax: (____) ____ - ____
 City, State, Zip: _____
 Account (1) Type: _____ #: _____ Account (2) Type: _____ #: _____

BANK AUTHORIZATION FOR CREDIT INQUIRY

I hereby authorize (Bank Name) _____ to release to Design FX Audio for the purpose of establishing trade credit, account information on:

Account Name (Print): _____ Account Number: _____
 Authorized Signature: _____ Date: _____

TRADE INFO

Company Name: _____ Phone: (____) ____ - ____
 Address: _____ Fax: (____) ____ - ____
 City, State, Zip: _____

Company Name: _____ Phone: (____) ____ - ____
 Address: _____ Fax: (____) ____ - ____
 City, State, Zip: _____

Company Name: _____ Phone: (____) ____ - ____
 Address: _____ Fax: (____) ____ - ____
 City, State, Zip: _____

I certify the information provided in this Credit Application and Agreement is true and correct. I authorize Design FX Audio to verify the information provided and to contact the references listed.

Signature: _____ Date: _____
 Print Name: _____ Title: _____

Please return the original completed Credit Application to:

Design FX Audio Tel. (818) 843-6555
 P.O. Box 491087 Fax (818) 562-6978
 Los Angeles, CA 90049

FOR DFX OFFICE USE ONLY

Pending: _____ (_____) Approved: _____
 Approval Date: _____ Credit Amount: \$ _____