

CREDIT APPLICATION

Please use all capital letters when filling out your application.

CUSTOMER INFORMATION

Business Trade Name () - Business Phone

Business Legal Name () - Business Fax

Billing Address City State/Province Zip Code Country

ACCOUNTS PAYABLE INFORMATION

Contact E-mail Phone #

Length of time operating at the above named business: _____ years

Length of time at this address: _____ years

Number of Employees: _____

Annual Sales Income (in thousands): _____ USD

*Credit Line Desired (in thousands): _____ USD

Reseller: YES NO

* For credit amounts requested below \$50,000, the customer must provide **one (1)** of the following. For credit amounts requested between \$50,000 and \$150,000, the customer must provide **two (2)** of the following. For credit amounts greater than \$150,000, the customer must submit financials. As a customer, you have the option of signing an NDA form, which you can download [here](#) along with the contact information for the underwriter.

- A credit report dated within a period of 12 months prior to Shipment, evidencing the creditworthiness for the credit being extended.
- Reviewed or audited financial statements not older than 12 months from the financial year end, which indicate a shareholder's equity of at least 3 times the credit limit set and show a retained profit before dividends.
- Full management accounts including the Profit & Loss Account, Balance Sheet and Cash-Flow Statement, not older than 6 months prior to shipment, which indicate a shareholder's equity of at least 3 times the Credit Limit set and show a retained profit before dividends.
- Written trade references from two sources dated within the 12-month period prior to shipment, that evidence satisfactory payment experience on high credit amounts equal to at least 75% of the amount approved on similar payment terms.

SALES TAX INFORMATION (Please attach tax exempt certificate)

D & B # _____ Federal Tax ID # (TIN) _____

BANKING INFORMATION

Bank Name	Address		
Checking Account #	Savings Account #	Loan #	
Account Officer	E-mail	Phone #	Fax

CREDIT REFERENCES

<p>* Creditor _____</p> <p>Contact _____</p> <p>Acct # _____</p> <p>* E-mail _____</p> <p>* Phone # _____</p> <p>* Fax _____</p> <p><i>* denotes a required field</i></p>	<p>* Creditor _____</p> <p>Contact _____</p> <p>Acct # _____</p> <p>* E-mail _____</p> <p>* Phone # _____</p> <p>* Fax _____</p> <p><i>* denotes a required field</i></p>
<p>* Creditor _____</p> <p>Contact _____</p> <p>Acct # _____</p> <p>* E-mail _____</p> <p>* Phone # _____</p> <p>* Fax _____</p> <p><i>* denotes a required field</i></p>	<p>* Creditor _____</p> <p>Contact _____</p> <p>Acct # _____</p> <p>* E-mail _____</p> <p>* Phone # _____</p> <p>* Fax _____</p> <p><i>* denotes a required field</i></p>

CONDITIONS

We authorize Video Storage Solutions to place orders only after receipt of our hard copy purchase orders and/or from signed quotes and we will pay for those orders as invoiced.

Your submittal of this application implies your acknowledgements and acceptance of the **Net 30** invoice terms.

Print Name

Title

Signature

Date

RELEASE OF CREDIT INFORMATION

The customer for the purpose of obtaining credit submits this information sheet to Video Storage Solutions. By signing this document, the customer certifies that all information is correct to the best of the customer's knowledge. The customer hereby authorizes the release of credit and banking information to Video Storage Solutions by the references listed on these pages.

Printed Name

Title

Signature

Date

[\(Must be signed by authorized person on bank account\)](#)

To submit, please send information by email to credit@bcdinc.com