



CABLE PLUS INC.
Voice, Data, HVAC, Sound & Security

APPLICATION FOR CREDIT / CUSTOMER INFORMATION

SECTION 1 - TO BE COMPLETED BY THE CUSTOMER

CUSTOMER INFORMATION:

Name of Firm (DBA if applicable)			Telephone Number	
Physical Address	How Long?	City	State	Zip Code
Billing Name			Facsimile Number	
Billing Address		City	State	Zip Code
Billing Contact			Telephone Number	
Nature of Business			When Established	
Have you ever filed for bankruptcy? <input type="checkbox"/> Yes <input type="checkbox"/> No if Yes: Year _____			Amount of Credit Requested \$ _____	
Is Business: <input type="checkbox"/> Corporation <input type="checkbox"/> Partnership <input type="checkbox"/> Sole Proprietorship			FEIN	
Tax Status Tax Exempt Form Attached: <input type="checkbox"/> Yes <input type="checkbox"/> No (Sales Tax Will Be Charged)			If Applicable Taxes _____% County ____% State	

OFFICERS, PARTNERS OR PRINCIPALS:

Name		Title	Social Security Number	
Home Address		City	State	Zip Code
Home Telephone Number	Office Telephone Number			
Name		Title	Social Security Number	
Home Address		City	State	Zip Code
Home Telephone Number	Office Telephone Number			
Name		Title	Social Security Number	
Home Address		City	State	Zip Code
Home Telephone Number	Office Telephone Number			

BANKING INFORMATION:

Bank Name		Branch	Telephone Number	
Bank Address		City	State	Zip Code
Contact Name	Routing Number		Type and Account Number	

FOUR BUSINESS CREDIT REFERENCES:

Company Name		Contact		
Account Number	Telephone Number	Facsimile Number		
Address	City	State	Zip Code	
Company Name		Contact		
Account Number	Telephone Number	Facsimile Number		
Address	City	State	Zip Code	
Company Name		Contact		
Account Number	Telephone Number	Facsimile Number		
Address	City	State	Zip Code	
Company Name		Contact		
Account Number	Telephone Number	Facsimile Number		
Address	City	State	Zip Code	

I / We declare that the statements above are true, correct and complete to the best of my / our knowledge and belief. You are authorized to check my / our credit and to answer questions about your credit experience with me / us. I / We jointly and severally agree to pay all charges incurred on this account. I / We agree to pay Cable Plus, Inc. terms of Net 30 days.

Signature	Title	Date
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SECTION 2 - TO BE COMPLETED BY CABLE PLUS

Customer Number	Customer Terms <input type="checkbox"/> CRC <input type="checkbox"/> COD <input type="checkbox"/> Net 60 <input type="checkbox"/> Net 30	Pays Freight <input type="checkbox"/> Yes <input type="checkbox"/> No	
Ship-to Address	City	State	Zip Code
Sales Person Name	Sales Person Number	Backorder Allowed <input type="checkbox"/> Yes <input type="checkbox"/> No	
Cable Plus, Inc. Credit Analysis			
Analysis:	<input type="checkbox"/> Approved CREDIT LIMIT _____ <input type="checkbox"/> Pending (C.O.D. only) <input type="checkbox"/> Declined Reason _____ <input type="checkbox"/> Personal Guarantee Executed		
Analysis by:		Date:	