



Club Demonstration Services, Inc.

Credit Application

Company Name:				
Billing Contact Name:				
Billing Contact Email:				
Address:				
City:		State:		Postal code:
Business Phone:			Fax:	
Mobile				
Business Type:	(Check One) Sole Proprietorship___ Partnership___ Corporation___			
Date Business Started:				
Officer's Name:		Title:		
Officer's Name:		Title:		
Officer's Name:		Title:		
Officer's Name:		Title:		
Company ACN: (if applicable)			Company ABN: (if applicable)	
Requested Credit Limit:				

Bank References

Bank:		Account #:		
Address:				
City:		State:		Postal Code:
Contact:		Phone:		Fax:
Bank:		Account #:		
Address:				
City:		State:		Postal Code:
Contact:		Phone:		Fax:

Trade References

Name:					
Address:					
City:		State:		Postal code:	
Contact:		Phone:		Fax:	
Name:		Account #:			
Address:					
City:		State:		Postal code:	
Contact:		Phone:		Fax:	
Name:		Account #:			
Address:					
City:		State:		Postal code:	
Contact:		Phone:		Fax:	
<p>THE UNDERSIGNED HEREBY APPLIES FOR THE CREDIT DESCRIBED HEREIN AND REPRESENTS THAT ALL STATEMENTS MADE IN THIS APPLICATION ARE TRUE AND MADE FOR THE PURPOSE OF OBTAINING THE CREDIT. VERIFICATION MAY BE OBTAINED FROM ANY SOURCE NAMED HEREIN INCLUDING, BUT NOT LIMITED TO, DUN & BRADSTREET CONSUMER/BUSINESS CREDIT REPORTS WHICH CAN AND WILL BE REVIEWED PERIODICALLY. THE ORIGINAL OR COPY OF THIS APPLICATION WILL BE RETAINED BY CLUB DEMONSTRATION SERVICES, INC. EVEN IF CREDIT IS NOT GRANTED.</p>					

Company Name: _____

Authorized Signature: _____

(Unsigned Credit Application will not be processed.)

Date: _____

Typed or Printed Name: _____

Title: _____