



**Credit Application Form**  
Please complete, sign and return this form.

5569-6 Bowden Road • Jacksonville, FL 32216  
Phone: (904) 680-0343 • Fax: (904) 680-0345

<b>Billing Address:</b>		<b>Office Address:</b>	
Company Name		Company Name	
Attention		Attention	
Street Address		Street Address	
City, State, Zip		City, State, Zip	
Telephone	Fax	Telephone	Fax
Email		Email	

**General Information**

Principal / Owner	Social Security No.	Email	Phone # & Extension
Company Composition <input type="checkbox"/> Individual <input type="checkbox"/> Partnership <input type="checkbox"/> LLC <input type="checkbox"/> Corporation <input type="checkbox"/> Sub-Chapter S Corporation			Corporation State Of:
Dunn & Bradstreet (D&B) No.	At Present Location Since	Are Premises Leased? <input type="checkbox"/> Yes <input type="checkbox"/> No	Amount of Credit Desired

**Ordering Information**

Are Written Purchase Orders Required? <input type="checkbox"/> Yes <input type="checkbox"/> No	Is Merchandise for Resale? <input type="checkbox"/> Yes <input type="checkbox"/> No	Resale No. (if for resale, please provide Copy of Certificate)	
Purchasing Agent	Fax	Email	Phone No. & Extension
Accounts Payable Contact	Fax	Email	Phone No. & Extension

**Bank Information**

Bank Name	Fax	Bank Contact Officer	Phone No. & Extension
Bank Address	City	State	Zip
Type of Account and Account No.			

**Terms and Conditions**

All accounts are net 30 days. If any indebtedness incurred pursuant to this request for credit is not paid in full when due, the undersigned agrees to pay all costs of collection, including a reasonable attorneys fee. Any balance so remaining unpaid shall bear interest at the lesser rate of 1.5% per month or the maximum rate permitted by applicable law, until paid in full.

**Acceptance and Approval**

Signing this agreement indicates that your acceptance of the terms and conditions as stated. In addition, you authorize Copyright BGMD, Inc. to make any and all inquiries necessary to process this credit application.

Name of Authorized Representative	Title		
Signature of Authorized Representative	Phone No. & Extension	Date	