



Club Demonstration Services, Inc. Credit Application

Company Name:					
Billing Contact Name:			Billing Contact Email:		
Address:					
City:		State:		Zip:	
Phone:			Fax:		
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:		
Tax Payer ID Number:			D&B Number:		
Requested Credit Limit:					

Bank References

Bank:			Account #:		
Address:					
City:		State:		Zip:	
Contact:			Phone:		Fax:
Bank:			Account #:		
Address:					
City:		State:		Zip:	
Contact:			Phone:		Fax:

Trade References

Name:					
Address:					
City:		State:		Zip:	
Contact:		Phone:		Fax:	
Name:		Account #:			
Address:					
City:		State:		Zip:	
Contact:		Phone:		Fax:	
Name:		Account #:			
Address:					
City:		State:		Zip:	
Contact:		Phone:		Fax:	

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, 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.

Company Name: _____

Authorized Signature: _____ **Date:** _____

Typed or Printed Name: _____ **Title:** _____