



15237 Display Court • Rockville, MD 20850 • 301-217-0000 • Fax 301-217-0044 • www.videolabs.net

### 1. Company Information

Date: \_\_\_\_\_

Full Legal Name/Business Entity	Phone #	Fax #	
Doing Business As (DBA)			
Billing Address	City	State Zip	
Company Type: <input type="checkbox"/> Proprietorship <input type="checkbox"/> Partnership <input type="checkbox"/> Franchise <input type="checkbox"/> Corporation <input type="checkbox"/> Other:			
No. of Employees	Year Business Established	Annual Sales	Type of Business
Federal Tax ID (If Incorporated)		State of Incorporation	
Tax Exempt?	If so, please include tax exempt # and forward us a copy of the certificate.		E-Mail Address:

### 2. Owner Information

Full Name (including middle initial)	Title	Social Security #	
Home Address	City	State Zip	Phone #

### 3. Bank References

Bank Name	Account Number	Contact	
Address	City	State Zip	Phone #

### 4. Trade Credit References (list three)

Company Name	Contact	Phone #	Account Number
_____	_____	_____	_____
_____	_____	_____	_____

### 5. Terms of Payment & Security Deposit

\_\_\_\_ I hereby authorize the use of this credit card for payment of services relative to this application.

\_\_\_\_ I hereby authorize the use of this credit card as a security deposit for payment, to be used only if payment is not received at the address of Video Labs within 30 days of invoicing.

Credit Card:    \_\_\_ American Express                      \_\_\_ Visa                      \_\_\_ Mastercard  
Cardholder Name: \_\_\_\_\_ Account Number \_\_\_\_\_ Exp. \_\_\_\_\_  
Cardholder Billing Address: \_\_\_\_\_  
Cardholder Signature: \_\_\_\_\_

Credit terms of net 30 days may be granted upon review of this credit application.

We hereby apply for credit and affirm financial responsibility, ability and willingness to pay invoices in accordance with published terms. The above information is warranted to be true and complete. We hereby authorize you to verify and collect information on us, including but not limited to bank references, trade credit references, consumer and/or commercial credit reports. We agree to pay a monthly finance charge of 1.5% on all balances over 30 days old. We agree to pay all costs of collection and litigation on this account in accordance with the laws of the Creditor's State of Incorporation. We agree that all decisions with respect to the extension/approval or continuation of credit shall be in the sole discretion of the Creditor.

Authorized Signature/Title: \_\_\_\_\_ Date: \_\_\_\_\_