



**Audio Masterpiece, Inc.**  
**16527 Arminta Street**  
**Van Nuys, CA 91406**  
**T 818-495-0935 F 818-495-0936**  
[www.AudioMasterpiece.com](http://www.AudioMasterpiece.com)

**ACCOUNT ESTABLISHMENT / CREDIT APPLICATION**

We are pleased to learn of your interest in applying for an open account with Audio Masterpiece Inc. To expedite credit processing, please complete this form and return it to us, signed by an officer of the company. Fax to 818-495-0936 or email to [Contact@AudioMasterpiece.com](mailto:Contact@AudioMasterpiece.com). Thank you!

**BUSINESS CONTACT INFORMATION**

Company Name:	DBA (or formerly known as):
Company Website:	Corporate Federal Tax Id Number or Partnership/LLC SSN:
Year Company Started:	Dun & Bradstreet Number:
Main Contact Name and Phone:	Accounts Payable Name and Phone:
Main Contact Email Address:	Accounts Payable Email Address:
Company Physical Address	Company Billing Address
Street:	Street:
City: State: Zip:	City: State: Zip:

**Credit Line Requested:**     \$1-\$15k    \$16-\$25k    \$26-\$50k    \$51-\$100k    Over \$100k ( *financials required* )

**TRADE REFERENCES:** (References must be similar in US dollar volume to requested credit limits)

Name:	Phone:
Email:	
Name:	Phone:
Email:	
Name:	Phone:
Email:	

**SALES TAX EXEMPT NOTIFICATION** - If purchases from Audio Masterpiece, Inc. will be exempt from state sales tax, please provide a copy tax exemption certification. Enter Tax Exempt Cert Number and State:

**BANKING REFERENCE:** Bank contact information to be completed by the Company.

Primary Bank Name:	Account Numbers	Account Type
Bank Contact Name	Bank Address	
Bank Contact Phone Number	Street:	
	City:	State: Zip:
Secondary Bank Name:	Account Numbers	Account Type
Bank Contact Name:	Bank Address	
Bank Contact Phone Number	Street:	
	City:	State: Zip:

**To the Bank Officer –** the above company has named you as a credit reference. Please inform us about your banking experience with this business by completing the questions below and returning to us via fax or email above. Thank you.

<b>Bank Officer Name:</b>	<b>Title:</b>
<b>Date Opened:</b>	
<b>Average Balance:</b> ___Low ___Med ___High ___3Fig ___4Fig ___5Fig ___6+Fig	
<b>Line of Credit Available?</b> ___ No ___ Yes, amount available \$ _____	
<b>Loans:</b> ___ Secured ___ Unsecured Present Amount \$ _____	

**Company Agreement**

**NOTE:** I understand that this credit application is being submitted for the purpose of establishing an open credit account with Audio Masterpiece Inc. I hereby authorize release of confidential credit information from both the credit references listed and from the bank. Furthermore, I understand that the credit terms for an open account are net 30 days. Violation of these credit terms will cause cancellation of open account status. We agree to pay all attorneys' fees and/or collection costs incurred by Audio Masterpiece Inc. in collecting any past due amounts. All monies are due and payable at the Burbank, CA address.

**Signature (An authorized company signer is required)**

Signature:	Print Name:
Date:	Title: