

# **SPM Sound Product Marketing, Inc.**

12 Petra Lane, Albany, NY 12205  
518-869-2599 • 518-869-3795 Fax

## **CREDIT APPLICATION / DEALER AGREEMENT**

Date \_\_\_\_/\_\_\_\_/\_\_\_\_

Company Name \_\_\_\_\_

Billing Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Physical Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
(Shipping Address)

Business Phone \_\_\_\_\_ Home Phone \_\_\_\_\_

Business Fax \_\_\_\_\_ Mobile Phone \_\_\_\_\_

Business Type (check one) Sole Proprietorship\_\_\_\_ Partnership\_\_\_\_ Corporation\_\_\_\_

Contact Name \_\_\_\_\_

Email \_\_\_\_\_

Tax ID# (please attach a copy) \_\_\_\_\_

1. When Credit is given, payments should be made within approved terms from the date shipped as shown on the original invoice. Accounts who fail to maintain their accounts in prompt payment status will lose their open account privileges. Should it be necessary to refer the account balance to a licensed collection agency or attorney for legal action, the applicant shall pay all subsequent charges and legal fees.

### **PERSONAL GUARANTY**

2. In addition to agreeing to pay any and all collection expenses and legal fees, I / we, hereby, personally and severally, give this continuing Personal Guaranty to Sound Product Marketing, Inc and will pay all bills that are not paid when due.

Signed \_\_\_\_\_ Title \_\_\_\_\_

Print \_\_\_\_\_ Date \_\_\_\_/\_\_\_\_/\_\_\_\_

Home Address \_\_\_\_\_ City \_\_\_\_\_

State \_\_\_\_\_ Zip \_\_\_\_\_ Home Phone \_\_\_\_\_

## TRADE REFERENCES

Company Name: \_\_\_\_\_

Address \_\_\_\_\_

Business Phone \_\_\_\_\_ Bus. Fax \_\_\_\_\_

Company Name: \_\_\_\_\_

Address \_\_\_\_\_

Business Phone \_\_\_\_\_ Bus. Fax \_\_\_\_\_

Company Name: \_\_\_\_\_

Address \_\_\_\_\_

Business Phone \_\_\_\_\_ Bus. Fax \_\_\_\_\_

## BANK AUTHORIZATION

Bank \_\_\_\_\_ Contact Name: \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Commercial Checking # \_\_\_\_\_

### Authorization to Release Information

I hereby authorize our banks and all other companies that are listed to release information necessary to established credit with named company. My signature below further indicates my permission for named company to obtain credit information from any credit-reporting source.

Authorized Signature \_\_\_\_\_ Date \_\_\_\_/\_\_\_\_/\_\_\_\_

Printed Name \_\_\_\_\_ Title \_\_\_\_\_