



BUSINESS CREDIT APPLICATION

Phone (612) 789-2496
Fax (612) 789-2873
accounting@emiaudio.com
4719 42nd Ave N.
Robbinsdale, MN. 55422

BUSINESS CONTACT INFORMATION			
Company name:			
Phone:	Fax:	E-mail:	
Registered company address:			
City:	State:	ZIP Code:	
Date business commenced:			
Sole proprietorship: <input type="checkbox"/>	Partnership: <input type="checkbox"/>	Corporation: <input type="checkbox"/>	Other: <input type="checkbox"/>
BUSINESS AND CREDIT INFORMATION			
Primary business address:			
City:	State:	ZIP Code:	
How long at current address?			
Telephone:	Fax:	E-mail:	
Bank name:			
Bank address:		Phone:	
City:	State:	ZIP Code:	
KEY CONTACTS			
Accounts Payable:			
President / Owner:			
BUSINESS/TRADE REFERENCES			
Company name:			
Address:			
City:	State:	ZIP Code:	
Phone:	Fax:	E-mail:	
Type of account:			
Company name:			
Address:			
City:	State:	ZIP Code:	
Phone:	Fax:	E-mail:	
Type of account:			
Company name:			
Address:			
City:	State:	ZIP Code:	
Phone:	Fax:	E-mail:	
Type of account:			
AGREEMENT			
<ol style="list-style-type: none"> 1. All invoices are to be paid 30 days from the date of the invoice. 2. Claims arising from invoices must be made within seven working days. 3. By submitting this application, you authorize EMI Audio, Inc. to make inquiries into the banking and business/trade references that you have supplied. 			
SIGNATURES			
Title:		Title:	
Date:		Date:	