

DISPLAY DEVICES

5880 Sheridan Blvd., Arvada CO 80003
303-412-0399 fax: 303-412-9346

Credit Application

Company Name: _____

Bill To Address: _____

Ship To Address: _____

City: _____ **State** _____ **ZIP** _____

Phone: _____ **Fax:** _____

Web Address: _____

Accounting Manager: _____

Business Type: (Check One) Corporation Partnership (list) Sole Ownership (list)

State of Incorporation _____

Years in business: _____

Annual Sales: Less than \$10,000.00 \$10,000.00 - \$250,000.00 \$250,000.00+

Please State Your Primary Business: _____

Bank Reference

Name: _____

Address: _____

City/State/Zip: _____

Telephone: _____

Account #: _____

Bank Release Form must be signed with Credit Application

Fax: _____

Contact: _____

Credit References – Minimum of 5 **Must** have fax numbers and **must** be within the industry

Name: _____ Account: _____ Fax: _____

Name: _____ Account: _____ Fax: _____

Name: _____ Account: _____ Fax: _____

Name: _____ Account: _____ Fax: _____

Name: _____ Account: _____ Fax: _____

Projector / display products you promote:

1) _____

2) _____

3) _____

4) _____

5) _____

Screen, control and audio products you promote:

1) _____

2) _____

3) _____

4) _____

5) _____

How many service / installation personnel do you employ? _____

How many sales representatives do you employ? _____

Name and email address of Sales Manager: _____

Bank Reference Release Form

Date: _____

TO (bank)

FROM (you)

We hereby give authorization for our banking information to be released as requested by Display Devices, Inc. for credit purposes.

Authorized Signature

Print or Type Name