



Omni Cable Credit Application

* COMPANY LEGAL NAME:

DBA NAME:

* PHONE #:

* FAX #:

BILLING ADDRESS

* BILLING ADDRESS:

* CITY:

* STATE:

* ZIP CODE:

* COUNTRY:

SHIPPING ADDRESS

* SHIPPING ADDRESS:

* CITY:

* STATE:

* ZIP CODE:

* COUNTRY:

AP CONTACT INFO

* CONTACT:

* PHONE #:

* FAX #:

A/P E-MAIL:

COMPANY WEBSITE:

TYPE OF ENTITY

- * TYPE OF ENTITY: CORPORATION
 PARTNERSHIP
 SOLE PROPRIETORSHIP
 LIMITED LIABILITY COMPANY
 LIMITED PARTNERSHIP

If Partnership or Sole Proprietor Please Complete This Section:

* Owner/Partner's Name:

* Telephone:

* Home Address:

* City:

* State:

* Zip Code:

* Country:

Partner's Name:

Telephone:

Home Address:

City:

State:

Zip Code:

Country:

COMPANY INFO

DUN & BRADSTREET #:

* YEAR BUSINESS ESTABLISHED:

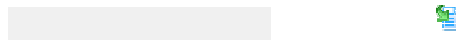
* # OF BRANCH LOCATIONS:

* Buying Group Member? AD IMark

* ESTIMATED ANNUAL SALES \$:

* RESALE / SALES TAX EXEMPT #:

Please attach a copy of your tax exempt certificate



BANK REFERENCE

* Bank Name:

* Contact Person:

* Telephone #:

* Address:

* City:

* State:

* Zip Code:

* Country:

TYPE OF ACCOUNT(S): CHECKING
 SAVINGS
 LOAN / LINE OF CREDIT

TRADE REFERENCES

Trade Reference 1

* 1. Name:

Account Number:

* Contact:

* Telephone #:

* Fax #:

Email:

* Address:

* City:

* State:

* Zip Code:
* Country:

Trade Reference 2

* 2. Name:
Account Number:
* Contact:
* Telephone #:
* Fax #:
Email:
* Address:
* City:
* State:
* Zip Code:
* Country:

Trade Reference 3

* 3. Name:
Account Number:
* Contact:
* Telephone:
* Fax #:
Email:
* Address:
* City:
* State:
* Zip Code:
* Country:

AUTHORIZATION

You authorize Omni Cable Corporation to obtain a credit report for the purpose of establishing, maintaining or enforcing a credit line.

You authorize the above listed bank and trade references to release any credit or financial information that maybe requested.

Upon approval of credit, you agree to pay your account according to the terms granted.

By signing this application below you agree to the above and our Terms and Conditions of Sale.

Date:

* Signature:

* Position:

* Your Email:

