



# RESELLER CREDIT APPLICATION

Customer Number

J.S. Karaoke, LLC  
c/o Credit Department  
6365 53rd Street North • Suite B  
Pinellas Park, FL 33781

**APPLY FOR AN OPEN ACCOUNT WITH A HIGHER  
LINE OF CREDIT! MAIL OR FAX TODAY!**

**727-209-1313  
FAX: 727-209-1312**

## BUSINESS INFORMATION

TERMS REQUESTED:  \*NET 20  COD  COMPANY CHECK  CREDITCARD CREDIT LINE REQUESTED: \$ \_\_\_\_\_

COMPANY NAME: \_\_\_\_\_

OWNER NAME & ADDRESS: \_\_\_\_\_

TRADE NAME dba: \_\_\_\_\_

ADDRESS: \_\_\_\_\_ CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_

PHONE: \_\_\_\_\_ FAX: \_\_\_\_\_

TIME AT PRESENT ADDRESS:  RENT \_\_\_\_\_ yrs  OWN \_\_\_\_\_ yrs YEARS IN BUSINESS: \_\_\_\_\_ yrs

WEBSITE ADDRESS: \_\_\_\_\_ E-MAIL ADDRESS: \_\_\_\_\_

TYPE:  CORPORATION  PROPRIETORSHIP  PARTNERSHIP TAX EXEMPT NO.: \_\_\_\_\_

D&B NUMBER: \_\_\_\_\_ NATURE OF BUSINESS: \_\_\_\_\_

BUSINESS OPERATED FROM:  COMMERCIAL BUILDING  HOME

ANNUAL SALES VOLUME: \$ \_\_\_\_\_ EST. MONTHLY PURCHASES: \$ \_\_\_\_\_

PERSON TO CONTACT FOR PAYMENT: \_\_\_\_\_

ADDRESS: \_\_\_\_\_ CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_

PHONE: \_\_\_\_\_ FAX: \_\_\_\_\_

I am an authorized signer on above card and hereby give JSK permission to bill the credit card when verbally requested:

NAME ON CREDIT CARD: \_\_\_\_\_ SIGNED: \_\_\_\_\_

DISCOVER  VISA  MASTERCARD  AMEX CARD NO.: \_\_\_\_\_ EXP. DATE: \_\_\_\_\_

CC BILLING ADDRESS: \_\_\_\_\_ CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_

## BANK INFORMATION

BANK NAME #1: \_\_\_\_\_ CONTACT: \_\_\_\_\_

ADDRESS: \_\_\_\_\_ CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_

ACCOUNT #1: \_\_\_\_\_ ACCOUNT #2: \_\_\_\_\_

PHONE: \_\_\_\_\_ FAX: \_\_\_\_\_

## TRADE INFORMATION

**MUST BE COMPLETED AND SIGNED FOR NET TERMS CONSIDERATION**

COMPANY NAME #1: \_\_\_\_\_ CONTACT: \_\_\_\_\_

ADDRESS: \_\_\_\_\_ CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_

ACCOUNT#: \_\_\_\_\_ PHONE: \_\_\_\_\_ FAX: \_\_\_\_\_

COMPANY NAME #2: \_\_\_\_\_ CONTACT: \_\_\_\_\_

ADDRESS: \_\_\_\_\_ CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_

ACCOUNT#: \_\_\_\_\_ PHONE: \_\_\_\_\_ FAX: \_\_\_\_\_

COMPANY NAME #3: \_\_\_\_\_ CONTACT: \_\_\_\_\_

ADDRESS: \_\_\_\_\_ CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_

ACCOUNT#: \_\_\_\_\_ PHONE: \_\_\_\_\_ FAX: \_\_\_\_\_

## AUTHORIZATION

The undersigned authorizes release of all banking and credit information, both business and/or personal requested by JSK This form may be reproduced or photocopied and a faxed copy shall be as effective consent as the original which I have signed.

PRINT NAME CLEARLY: \_\_\_\_\_

AUTHORIZED SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

**ATTACH RECENT FINANCIAL STATEMENTS (AUDITED PREFERRED)**

**ENTIRE APPLICATION MUST BE COMPLETED AND SIGNED FOR NET TERMS CONSIDERATION**

\*Net terms subject to credit approval.