

# Confidential Credit Application

Sanyo-Verbatim CD Company  
1767 Sheridan Street, Richmond, IN 47374  
TEL (317)935-7574 FAX (317)935-0174



Name: \_\_\_\_\_  
Street: \_\_\_\_\_ Phone: (\_\_\_\_) \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Dealer Distributor: \_\_\_\_\_ Type of Business: \_\_\_\_\_ # of Locations: \_\_\_\_\_

## SUPPLIERS

Name	Street	City/State	Phone	High Credit
1.	_____	_____	_____	_____
2.	_____	_____	_____	_____
3.	_____	_____	_____	_____
4.	_____	_____	_____	_____
5.	_____	_____	_____	_____
6.	_____	_____	_____	_____

## BANK REFERENCES

Name	Street	City/State	Phone
1.	_____	_____	_____
2.	_____	_____	_____
3.	_____	_____	_____

Firm is  Proprietorship  Partnership  Corporation  Business Started

Firm is  Branch  Division  Subsidiary

of (Parent Company) \_\_\_\_\_ Name of Accounts Payable Manager  
(Address) \_\_\_\_\_  
(City, State, Zip) \_\_\_\_\_ Phone (\_\_\_\_) \_\_\_\_\_

## Proprietors, Partners or Officers

Name	Title	Home Address	S/S #
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Name	Title	Home Address	S/S #
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Name	Title	Home Address	S/S #
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State of Incorporation \_\_\_\_\_ Date \_\_\_\_\_

Projected Monthly Requirement \$ \_\_\_\_\_ D & B Rating \_\_\_\_\_

Name of Insurance Carrier \_\_\_\_\_ Agent's Name \_\_\_\_\_

Type of Coverage \_\_\_\_\_ Phone (\_\_\_\_) \_\_\_\_\_

Policy # \_\_\_\_\_ Resale Certificate # \_\_\_\_\_

Remarks \_\_\_\_\_

If Sanyo-Verbatim requests, will applicant execute a  Personal Guaranty or  UCC Documents?

ANTICIPATION DISCOUNTS NOT ALLOWED • SANYO-VERBATIM'S STANDARD TERMS - NET 30 DAYS