



Professional Sound Services
 311 West 43rd Street, Suite 1100
 New York, NY 10036
 Tel: 212.586.1033 • FAX: 212.586.0970
 sales@pro-sound.com
 www.pro-sound.com

Credit Application

BUSINESS CONTACT INFORMATION

Company name:			
Phone:	Fax:	E-mail:	
Registered company address:			
City:		State:	ZIP Code:
Date business commenced:			
Sole proprietorship:	Partnership:	Corporation:	Other:
Federal Tax ID# (Please Attach ST-121 OR Resale):			

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:
Type of account	Account number		
Savings			
Checking			
Other			

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

1. All invoices are to be paid 10 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 Professional Sound Services to make inquiries into the banking and business/trade references that you have supplied.

SIGNATURES

Title:	Date:	Title:	Date:
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