

LEAVITT Communications

7508 N.Red Ledge Drive
Paradise Valley, AZ 85253
Phone: 847-955-0511
Fax: 270-447-1909
www.leavittcom.com

Date _____
Salesperson _____
Customer # _____

PLEASE NOTE: Applications must be completed and signed before we will process orders. Submit financial statements if available. Original signed application must be returned to the Credit Department.

CONFIDENTIAL CREDIT APPLICATION & SALES AGREEMENT

General Information

Legal Name of Firm: _____
Name of Parent Company If Subsidiary: _____
Principal Business Address: Street _____
City, State, Zip _____ Home (_____) _____
Field of Business _____ Year Established _____ Number of Locations _____
At Present Location Since (Date) _____ Type of Business: Corporation Partnership Sole Proprietorship
Officers/Principals: President _____ Social Security No. _____
Secretary _____ Social Security No. _____
Owner/Partnership Owner _____ Social Security No. _____
Partner _____ Social Security No. _____

Credit Amount Requested \$ _____

Note: Without Sales Tax Number, You Will Automatically Be Charged Tax Where Applicable.

Bank Reference

Bank _____ Account No. _____
Address _____ Phone No. _____
City, State, Zip Code _____ Contact _____

Trade Reference

(Your Credit Limit with Trade References should be at least as high as you are requesting from The Company)

1. Name _____ Phone _____
Address _____ City, State, Zip _____
Contact _____ Customer # _____
2. Name _____ Phone _____
Address _____ City, State, Zip _____
Contact _____ Customer # _____
3. Name _____ Phone _____
Address _____ City, State, Zip _____
Contact _____ Customer # _____

Customer Authorization

I hereby authorize the above listed reference to release any information relating to the above listed accounts.

Customer Signature

Date