

VIDEOSMITH®

CREDIT APPLICATION

(Fillable PDF Form)

Company: _____

Address: _____
Street City State ZIP

Phone: _____ Fax: _____ Cell: _____

FED EIN: _____ State Resale: _____

Business Operates As: Partnership ___ Corporation ___ Individual ___

Year Business Started: _____ Tax Exempt? Yes ___ (please provide resale certificate) No ___

Accounts Payable Contact: _____ Phone: _____

Name, Address, Phone Numbers, Title of Principals:

Name	Address	Phone	Title
_____	_____	_____	_____
_____	_____	_____	_____

Trade References

Name	Address	Phone/Fax or Email
_____	_____	_____
_____	_____	_____

Bank Information

Name & Address of Bank: _____

Contact Name: _____ Phone: _____

Account Number: _____

Visa, MasterCard, Amex or Discover Card Number: _____ Expiry: _____

Name on Credit Card: _____ Phone: _____

Card Billing Address: _____
Street City State ZIP

By signing below, I authorize VIDEOSMITH, INC. to charge this credit card for payment of past due balances on my account.

Name	Signature	Date
_____	_____	_____

Please Email clear, sharp, full-size digital images (from a smartphone or scanner) of this Application and both sides of your Credit Card and Driver's License (please, no b&w photocopies) to Videosmith at info@videosmith.com. Please allow 5 business days for approval.