



Date: \_\_\_\_\_

## CONFIDENTIAL BUSINESS CREDIT APPLICATION

### SECTION A:

Company Name \_\_\_\_\_ Contact \_\_\_\_\_

Billing Address \_\_\_\_\_ Phone (\_\_\_\_) \_\_\_\_\_

City/State/Zip \_\_\_\_\_ Country \_\_\_\_\_ Fax (\_\_\_\_) \_\_\_\_\_

Shipping Address (if different) \_\_\_\_\_

\_\_\_\_\_ Date business started? \_\_\_\_\_

Type of Business: \_\_\_\_\_ Sole Proprietorship \_\_\_\_\_ Partnership  
\_\_\_\_\_ Public Corporation, State and date of Inc. \_\_\_\_\_  
\_\_\_\_\_ Private Corporation, State and date of Inc. \_\_\_\_\_

Sales Tax Status \_\_\_\_\_ Tax Exempt Permit # \_\_\_\_\_

**Please attach a copy of your exemption certificate.** FEIN NO. \_\_\_\_\_

DUNS NO. \_\_\_\_\_

Opening order of:  
Expected monthly purchases: \_\_\_\_\_  
\_\_\_\_\_ Under \$2000  
\_\_\_\_\_ \$2000 - \$5000  
\_\_\_\_\_ \$5000 - \$10,000  
\_\_\_\_\_ Over \$10,000  
\_\_\_\_\_ Other \_\_\_\_\_

**The level of credit will be established based upon your expected monthly purchases and the financial strength of the company.**

### SECTION B:

List stockholders for privately held corporations or officers for public corporations. All others should list owners.

1. \_\_\_\_\_  
Name Title S/S #

Address Phone #

2. \_\_\_\_\_  
Name Title S/S #

Address Phone #

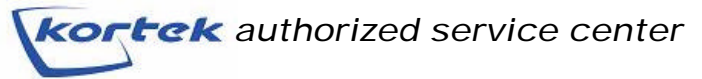
3. \_\_\_\_\_  
Name Title S/S #

Address Phone #

If the credit information provided below is from a parent company, or individual, please provide the following:

\_\_\_\_\_ Relationship \_\_\_\_\_

Address Phone # Contact

**SECTION C:**

Bank reference: (Type of Account) \_\_\_\_\_ Checking \_\_\_\_\_ Savings \_\_\_\_\_ Loans

Bank Name \_\_\_\_\_ Phone # \_\_\_\_\_

Address \_\_\_\_\_ Account # \_\_\_\_\_

Contact \_\_\_\_\_ Fax # \_\_\_\_\_

Bank Name \_\_\_\_\_ Phone # \_\_\_\_\_

Address \_\_\_\_\_ Account # \_\_\_\_\_

Contact \_\_\_\_\_ Fax # \_\_\_\_\_

**SECTION D:**

Trade Credit References:

1. \_\_\_\_\_

Company Name

Address

Phone #

Contact

Fax #

2. \_\_\_\_\_

Company Name

Address

Phone #

Contact

Fax #

3. \_\_\_\_\_

Company Name

Address

Phone #

Contact

Fax #

4. \_\_\_\_\_

Company Name

Address

Phone #

Contact

Fax #

**SECTION E:**

We believe our company is financially able to meet any commitments we have made and we intend to pay promptly in accordance with the payment terms granted. Should those terms now or at any future date include a service charge for late payment of collection and attorney's fees in the event of legal action, we agree to pay such charges.

This is an authorization to you to verify to Casinotech any financial information given. In addition, if contacted by Casinotech you may disclose information to them which they may need when considering our request for credit. We will hold you harmless from any claim which may arise out of the release of such information.

Signed \_\_\_\_\_ Date \_\_\_\_\_

Printed Name \_\_\_\_\_ Title \_\_\_\_\_

Above signature acknowledges assumption of personal liability and responsibility for repayment of company debts owed to Casinotech.