



# EMINENCE SPEAKER, LLC US DISTRIBUTION



838 MULBERRY PIKE, P. O. BOX 360, EMINENCE, KY. 40019

PHONE (502)845-5622

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## BUSINESS CREDIT APPLICATION

Business Name: \_\_\_\_\_ Year Est.: \_\_\_\_\_

Street Address: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_ Contact: \_\_\_\_\_

Phone No.: \_\_\_\_\_ Fax No.: \_\_\_\_\_

Type of Business: Sole Proprietor \_\_\_\_\_ Partnership \_\_\_\_\_ Corporation \_\_\_\_\_

Resale Tax Certificate No.: \_\_\_\_\_ (Attach copy and return with application.)

### TRADE REFERENCES

**\*\*\* Eminence cannot process this application without a fax number for each trade reference. \*\*\***

1) Name: \_\_\_\_\_ Account No.: \_\_\_\_\_

Phone No.: \_\_\_\_\_ **Fax No: (Must have)** \_\_\_\_\_

2) Name: \_\_\_\_\_ Account No.: \_\_\_\_\_

Phone No.: \_\_\_\_\_ **Fax No: (Must have)** \_\_\_\_\_

3) Name: \_\_\_\_\_ Account No.: \_\_\_\_\_

Phone No.: \_\_\_\_\_ **Fax No: (Must have)** \_\_\_\_\_

4) Name: \_\_\_\_\_ Account No.: \_\_\_\_\_

Phone No.: \_\_\_\_\_ **Fax No: (Must have)** \_\_\_\_\_

5) Name: \_\_\_\_\_ Account No.: \_\_\_\_\_

Phone No.: \_\_\_\_\_ **Fax No: (Must have)** \_\_\_\_\_

I understand and agree that all orders will be considered as Cash-In-Advance until my credit references are researched and credit is granted by Eminence Speaker LLC.

Signature: \_\_\_\_\_ Title: \_\_\_\_\_ Date: \_\_\_\_\_