



DisplayUSA, Inc.

P.O. Box 1486
Mount Dora, FL 32756-1486

Credit Application

Phone: 800-806-2037
Fax: 800-806-2038
Internet: www.displayusa.com
Email: info@displayusa.com

Street Address: (Please type or print)

Company Name

Street Address

City State Zip

Phone Number Fax Number

Internet Address

Billing Address: (If different from Street Address)

Company Name

Street Address

City State Zip

Phone Number Fax Number

Email Address

Owners, Partners or Corporate Officers

Name:

Title:

1.

2.

Type of Business: Corporation (state) _____ Sole Proprietorship Partnership**Date Business Established:** _____ **Number of Employees:** _____ **Annual Revenues:** _____**Bank References: (phone number, fax number and account number must be included)**1. **Bank Name:** _____ **Account Number** _____ **Account Type:** _____**Phone Number:** _____ **Fax Number:** _____ **Contact Name:** _____2. **Bank Name:** _____ **Account Number** _____ **Account Type:** _____**Phone Number:** _____ **Fax Number:** _____ **Contact Name:** _____**Trade References: (companies where you have established open account terms only)****Company Name:****Phone Number:****Fax Number:****Contact Name:**

1.

2.

3.

The above information is submitted for the purpose of establishing open account credit terms with DisplayUSA, Inc. The undersigned, an officer, partner or principal owner of the company shown above, hereby certifies this information to be true and correct and authorizes the above named bank and trade references to release credit information to DisplayUSA, Inc. The undersigned agrees to pay all invoices Net 30 days, and that all past due accounts are subject to finance charges at the maximum rate allowable by law. The undersigned agrees to pay for any and all collection and/or legal fees related to the collection of the claim. In the event of legal proceedings, the undersigned hereby waives all rights and privileges relating to venue, and agrees that all legal action for the collection of past due accounts may be brought in the appropriate court in Lake County, Florida. The undersigned agrees that a faxed copy of this document will be accepted as an original document in any court proceedings.

Signature: (officer, owner or partner as listed above)**Title:****Print Name:****Date:**