



Confidential Credit Application

COMPANY NAME: _____

D/B/A: _____ **AKA:** _____

ADDRESS: _____

CITY: _____ **STATE:** _____ **ZIP:** _____

PHONE: _____ **FAX:** _____

E-MAIL: _____ **WEBSITE:** _____

Subsidiary of; _____ **Affiliate of;** _____
is your company a(n) _____

Corporation _____

Partnership _____

“S” corporation _____

If incorporated, what state is your company registered in? _____

Date business began? _____

Years in present address? _____

Do you own your building or lease? _____

PRINCIPALS: **President** _____

Vice President _____

Purchasing _____

System Manager _____

Treasurer _____

Are you a FRANCHISED cable or wireless operator _____

Credit References: (please list your highest creditor first)

Company Name _____

Address _____ **City** _____ **State** _____

Phone _____ **Fax** _____

Account Number _____ **Credit Limit** _____ **Present Balance** _____

Company Name _____

Address _____ **City** _____ **State** _____

Phone _____ **Fax** _____

Account Number _____ **Credit Limit** _____ **Present Balance** _____



Company Name _____
 Address _____ City _____ State _____
 Phone _____ Fax _____
 Account Number _____ Credit Limit _____ Present Balance _____

Company Name _____
 Address _____ City _____ State _____
 Phone _____ Fax _____
 Account Number _____ Credit Limit _____ Present Balance _____

Company Name _____
 Address _____ City _____ State _____
 Phone _____ Fax _____
 Account Number _____ Credit Limit _____ Present Balance _____

Amount of Credit Requested?

Amount of Credit Approved?

_____ (office use only)

We acknowledge the right of PDI-SAT, (a division of PDI Communications, Inc.) to charge our account a late fee of 1.5% per month.

*The confidential information in this credit application is for the sole use of PDI-SAT, (a division of PDI Communications, Inc.) to determine appropriate credit. All information again is strictly confidential.

The information given in this application is as close to accurate and complete as possible.

Signed _____ Title _____ Date _____



PLEASE RESPOND TO: PDI-SAT

TO: _____
COMPANY: _____

PHONE _____
FAX: _____
DATE: _____

DEAR CUSTOMER: PLEASE SIGN THIS FORM AT THE "X" AUTHORIZING YOUR BANK TO RELEASE ACCOUNT INFORMATION TO PDI COMMUNICATIONS INC.

I authorize the release of the following information to PDI Communications Inc.

CUSTOMER AUTHORIZED SIGNATURE "X" _____

Print _____
(Name) **(Title)**

ACCOUNT INFORMATION REQUEST

DATE: _____

BANK NAME: _____ Attention: _____

Address: _____

City: _____ State: _____

Phone: _____ Fax: _____

COMPANY NAME: _____

City: _____ State: _____

Phone: _____ Fax: _____

ACCOUNT NO: _____

The following information is to be provided by the Bank

RELATIONSHIPS

DEPOSITORY:

DATE ACCOUNT WAS OPENED _____

AVERAGE DAILY BALANCE _____

NUMBER OF NSF (last 12 month) _____

SATISFACTORY ACCOUNT _____

COMMENTS _____

BANK INFORMATION PROVIDED BY: _____

TITLE: _____

Date: _____

FINANCING:

LINE OF CREDIT AMOUNT _____

OUTSTANDING BALANCE _____

COLLATERAL _____

PDI-SAT will not be responsible for inquiry charges on customer account