



Application for Credit

With Ossipee Mountain Electronics

Legal Business Name:		Please Check One:
Physical Address:		<input type="checkbox"/> Corporation
City:	State:	Zip:
Mailing Address (if different):		<input type="checkbox"/> Partnership
City:		State:
Phone Number:		Fax Number:
Email Address:		<input type="checkbox"/> LLC
		<input type="checkbox"/> Sole Prop.

Officers or Owners	Title	Federal Tax ID#:
		<i>If Corporation:</i>
		Incorporated in the State of:
Accounts Payable Contact:		
Nature of Business:		In the Year:
In Business Since:	Number of Employees:	
Credit Line Requested:		

Bank References

Bank Name:	Bank Name:
Address:	Address:
City/State/Zip:	City/State/Zip:
Contact:	Contact:
Account #:	Account #:
Phone #:	Phone #:
Fax #:	Fax #:

Trade References

Name:	Name:
Address:	Address:
City/State/Zip:	City/State/Zip:
Contact:	Contact:
Account #:	Account #:
Phone #:	Phone #:
Fax #:	Fax #:

Name:	Name:
Address:	Address:
City/State/Zip:	City/State/Zip:
Contact:	Contact:
Account #:	Account #:
Phone #:	Phone #:
Fax #:	Fax #:

Applicant's signature attests financial responsibility, ability, and willingness to pay our invoices in accordance to terms. Applicant understands and agrees to meet OME's Terms of Sales, to pay service charges assessed to past due invoices, and to pay reasonable collection expenses, including a 25% attorney's fee in the event of default.

I/We authorize you to whom this application is made or your agents to investigate my/our financial responsibility and credit worthiness.

By: _____ Title: _____ Date: _____