



A World of Digital Media Services

Credit Application

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The following statements are made for the purpose of obtaining credit terms of sale with PSI Industries, Inc.
And are to accepted in good faith:

LEGAL NAME OF FIRM: _____
BILLING ADDRESS: _____
CITY, STATE, & ZIP: _____
TELEPHONE NUMBER: _____ FAX: _____
ARE YOU A: [] PARTNERSHIP [] CORPORATION [] OTHER: _____
NATURE OF BUSINESS: _____
YEAR ESTABLISHED: _____ AMOUNT OF CREDIT REQUESTED: _____

OWNERS/CORPORATE OFFICERS: (NAMES & TITLES)

1) _____
2) _____
3) _____
4) _____

TRADE REFERENCES: (NAME, ADDRESS, CONTACT, TELEPHONE, & FAX / E-MAIL)

1) _____ PHONE: _____
_____ FAX/E-MAIL: _____
2) _____ PHONE: _____
_____ FAX/E-MAIL: _____
3) _____ PHONE: _____
_____ FAX/E-MAIL: _____

BANK REFERENCE

NAME AND ADDRESS: _____
CONTACT/ACCOUNT NUMBER: _____
TELEPHONE NUMBER: _____ FAX: _____

I certify the above to be true and accurate to the best of my knowledge. I am authorized to legally obligate the corporation for the payment of this account.

SIGNATURE: _____ TITLE: _____ DATE: _____

If exempt from NJ or NY sales tax, please provide the applicable tax certification with this application.