APPLICATION TO ESTABLISH CREDIT WITH CABLE INNOVATIONS

CREDIT APPLICATION OF DATE

ADDRESS CITY STATE ZIP

COUNTY

PARENT COMPANY

Corporation ☐ **Partnership** ☐ **Proprietorship** ☐

If Corporation,State of Incorporation

Date Business Started

Federal Tax #

PRINCIPALS OF BUSINESS

NAME

HOME ADDRESS

CITY **STATE** **ZIP**

HOME PHONE **TITLE**

NAME

HOME ADDRESS

CITY **STATE** **ZIP**

HOME PHONE **TITLE**

NAME

HOME ADDRESS

CITY **STATE** **ZIP**

HOME PHONE **TITLE**

Financial Institutions

NAME

ADDRESS

CITY **ST** **ZIP**

PHONE

ACCOUNT #

CONTACT

NAME

ADDRESS

CITY **ST** **ZIP**

PHONE

ACCOUNT#

CONTACT

TRADE REFERENCES

NAME	ADDRESS	CITY/STATE/ZIP	PHONE

APPLICANTS SIGNATURE ATTESTS FINANCIAL RESPONSIBILITY,ABILITY AND WILLINGNESS TO PAY OUR INVOICES IN ACCORDANCE WITH THE TERMS ON THE INVOICE.

The above information is for the purpose of obtaining credit and is warranted to be true. I/WE hereby authorize Cable Innovations to investigate the references listed pertaining to credit and financial responsibility.

BY: _____ Title

BY: _____ Title

Please mail to: Cable Innovations 2150 Cedars Rd Suite 700 Lawrenceville,GA 30043 or FAX to: 770-962-6133