

Credit Application

**Indicates required field*

*COMPANY LEGAL NAME:

DBA NAME:

*PHONE #

COMPANY WEBSITE:

BILLING ADDRESS

*BILLING ADDRESS:

*CITY:

*STATE:

*ZIP CODE:

*COUNTRY:

SHIPPING ADDRESS

*SHIPPING ADDRESS:

*CITY:

*STATE:

*ZIP CODE:

*COUNTRY:

AP CONTACT INFORMATION

*CONTACT:

*PHONE #:

A/P E-MAIL:

INVOICE/STATEMENT EMAIL:

TYPE OF ENTITY

CORPORATION PARTNERSHIP

SOLE PROPRIETORSHIP LIMITED

LIABILITY COMPANY LIMITED

PARTNERSHIP

*TYPE OF ENTITY:

If Partnership or Sole Proprietor Please Complete This Section:

*OWNERS/PARTNERS NAME:

*PHONE:

*HOME ADDRESS:

*CITY:

*STATE:

*ZIP CODE:

*COUNTRY:

PARTNERS NAME:

PHONE:

HOME ADDRESS:

CITY:

STATE:

ZIP CODE:

COUNTRY:

COMPANY INFORMATON

*YEAR BUSINESS ESTABLISHED:

*# OF BRANCH LOCATIONS:

MEMBER OF BUYING GROUP: AD lmark

*PRIOR YEAR SALES REVENUE \$:

*REQUESTED CREDIT LIMIT \$:

*RESALE/TAX EXEMPT#:

*FEDERAL TAX ID#:

**Please include a copy of your resale certificate and W-9
with your credit application.**

BANK REFERENCE

*BANK NAME:
*CONTACT PERSON:
*PHONE #:
*ADDRESS:
*CITY:
*STATE:
*ZIP CODE:
*COUNTRY:

TYPE OF ACCOUNT(S)	CHECKING
	SAVINGS
	LOAN/LINE OF CREDIT

TRADE REFERENCES

TRADE REFERENCE 1

*NAME:
ACCOUNT NUMBER:
*CONTACT:
*PHONE:
FAX#:
EMAIL:
*ADDRESS:
*CITY:
*STATE:
*ZIP CODE:
*COUNTRY:

TRADE REFERENCE 2

*NAME:
ACCOUNT NUMBER:
*CONTACT:
*PHONE #:
FAX #:

EMAIL:
*ADDRESS:
*CITY:
*STATE:
*ZIP CODE:
*COUNTRY:

TRADE REFERENCE 3

*NAME:
ACCOUNT NUMBER:
*CONTACT:
*PHONE #:
*FAX #:
*EMAIL:
*ADDRESS:
*CITY:
*STATE:
*ZIP CODE:
*COUNTRY:

AUTHORIZATION

You authorize Omni Cable LLC to obtain a credit report for the purpose of establishing, maintaining, or enforcing a credit line.

You authorize the above listed bank and trade references to release any credit or financial information that may be requested.

Upon approval of credit, you agree to pay your account according to the terms granted.

By signing this application below, you agree to the above and our Terms and Conditions of Sales.

DATE

SIGNATURE

TYPED NAME

POSITION

EMAIL

Please send your resale certificate, W-9 and completed credit application to customer.application@omnicable.com. [Clicking Here](#) to initiate the email.