

RNL AUDIO
3020 SW 10TH STREET
POMPANO BEACH, FL 33069
954-974-6229
FAX 954-974-6230
www.rnlaudio.com

NEW ACCOUNT APPLICATION FORM

BUSINESS NAME:		DBA (IF ANY):
BUSINESS STREET ADDRESS:		
CITY:	STATE:	ZIP:
BUSINESS PHONE #:	OWNERS/OFFICERS CELL #:	OWNERS/OFFICERS HOME PHONE #:
OWNER/OFFICER NAME:		OWNERS/OFFICERS DL # (INCLUDE STATE)
OWNERS/OFFICER HOME ADDRESS/CITY/STATE/ZIP:		
SUPPLIER/VENDOR REFERENCE #1 (NAME/ADDRESS/CONTACT PERSON/PHONE)		
SUPPLIER/VENDOR REFERENCE #2 (NAME/ADDRESS/CONTACT PERSON/PHONE)		
SUPPLIER/VENDOR REFERENCE #3 (NAME/ADDRESS/CONTACT PERSON/PHONE)		
FEDERAL TAX ID:		STATE TAX ID:
HOW LONG IN BUSINESS:	<input type="checkbox"/> CORPORATION <input type="checkbox"/> LLC <input type="checkbox"/> PARTNERSHIP <input type="checkbox"/> OTHER	
<p>The undersigned unconditionally guarantees the payments of and all indebtedness owed to RNL AUDIO and the undersigned makes such guarantee and further agrees that if the said RNL AUDIO expends any monies for the collection of said indebtedness. I further agree that for any future deliveries of goods or services, I agree to pay all costs of collections, including reasonable attorney fees for the enforcement of any indebtedness against the undersigned. This shall be a continuing obligation of the undersigned, their legal representative, successors, and assignees. Undersigned also agree that any litigation necessary to enforce collection of this debt will be governed under the jurisdiction of the State of Florida and jurisdiction shall be specifically vested in the Courts of Broward County, Florida.</p>		
PRINTED NAME:		TITLE:
SIGNATURE:		DATE:
<p><i>The following must be included with all applications:</i></p> <p style="margin-left: 40px;"><i>___ Copy of State Tax Certificate of Resale</i></p> <p style="margin-left: 40px;"><i>___ Copy of Owners/Officers Valid Driver's License</i></p> <p style="margin-left: 40px;"><i>___ Completed BANK RELEASE AUTHORIZATION form</i></p> <p style="margin-left: 40px;"><i>___ Completed CREDIT CARD AUTHORIZATION form</i></p> <p style="margin-left: 40px;"><i>___ Completed REQUEST TO ACCEPT CHECKS form</i></p>		

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AUTHORIZATION TO RELEASE ACCOUNT INFORMATION

Date: _____

To: _____ (Bank Name)

From: _____ (Customer Name)

Account Number: _____

Type of Account: _____ (ie: checking, savings, etc.)

I authorize my bank, named above, to release to RNL AUDIO information concerning the above named account as part of a credit application I have submitted to them. This information is solely to establish account history and credit worthiness of said customer. Credit worthiness and account information may also be related to the accepting of company checks drawn on the above account.

Thank you for your help and cooperation.

Signed: _____

Printed Name: _____

Title: _____

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CREDIT CARD AUTHORIZATION FORM

PLEASE COMPLETE THIS FORM, SIGN, AND FAX IT, ALONG WITH A COPY OF YOUR CREDIT CARD TO YOUR SALEPERSON @ 954-974-6230.

**** WE MUST HAVE THIS FORM SIGNED BEFORE WE CAN SHIP YOUR ORDER ****

BUSINESS NAME/ADDRESS:			
DBA (if any):		NAME ON CARD:	
TYPE OF CARD: _____ AMEX _____ DISCOVER _____ MASTERCARD _____ VISA			
ACCOUNT NUMBER:			
EXPIRATION DATE:		SECURITY CODE:	
BILLING ADDRESS:			
CITY:	STATE:	ZIP:	EMAIL:
BUSINESS PHONE:		CELL:	FAX:

By initialing and signing below, I am indicating that I am the authorized signer or charger against the referenced credit card and I accept full responsibility for the charges, as indicated below:

_____ (initials) Authorization in amount of _____ for invoice # _____

_____ (initials) I authorize RNL to keep my card on file and authorize them to charge my card to pay all or part of my bill when due, per my phone authorization. By initialing here _____ (initials) , I am approving these charges, agreeing not to contest these charges, and agreeing that I do not require an individual signed form for every charge against my account.

PRINTED NAME:	
SIGNATURE:	DATE:
PLEASE FAX COMPLETED FORM AND A COPY OF THE CREDIT CARD TO 954-974-6230	

TO WITHDRAW AUTHORIZATION:

_____ (initials) I would like to withdraw this authorization effective (date) _____, my preceding initials indicate my withdrawal of this authorization. *Please submit a faxed copy.*

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REQUEST TO ACCEPT CHECKS

We look forward to a long term business relationship together! In order to protect your business and ours, we require that you provide us an owner's guarantee for all checks written for purchases from RNL AUDIO. The individual signing this form is accepting personal responsibility for any checks written that are returned by the bank due to insufficient funds and agrees to pay RNL AUDIO a \$25 returned check fee, plus all costs RNL AUDIO incurs pursuing collection of monies due as a result of returned checks.

BUSINESS NAME:		DBA (IF ANY):	
BUSINESS STREET ADDRESS:			
CITY:	STATE:	ZIP:	
BUSINESS PHONE #:	OWNERS/OFFICERS CELL #:	OWNERS/OFFICERS HOME PHONE #:	
OWNER/OFFICER NAME:		OWNERS/OFFICERS DL # (INCLUDE STATE)	
OWNERS/OFFICER HOME ADDRESS/CITY/STATE/ZIP:			
PERSONAL REFERENCE #1 (NAME/ADDRESS/PHONE/RELATIONSHIP)			
PERSONAL REFERENCE #2 (NAME/ADDRESS/PHONE/RELATIONSHIP)			
BANK NAME & ADDRESS:			
BANK CONTACT PERSON:		BANK PHONE #:	
CHECKING ACCOUNT #:			
<p>CREDIT CARD INFORMATION – IF A CHECK IS RETURNED FOR INSUFFICIENT FUNDS, WE REQUIRE THAT WE HAVE A VALID CREDIT CARD ON FILE TO ALLOW US TO CHARGE YOUR PURCHASES AGAINST. THIS CARD WILL ONLY BE USED IN THE EVENT A CHECK IS RETURNED. YOUR SIGNATURE BELOW AUTHORIZES THESE CHARGES.</p> <p> <input type="checkbox"/> AMERICAN EXPRESS <input type="checkbox"/> DISCOVER <input type="checkbox"/> MASTERCARD <input type="checkbox"/> VISA </p> <p>CREDIT CARD #: _____ EXP DATE: _____</p>			
PRINTED NAME:		TITLE:	
SIGNATURE:		DATE:	
<p>PLEASE FAX/MAIL COMPLETED FORM ALONG WITH A COPY OF VALID DRIVERS LICENSE TO ABOVE ADDRESS OR FAX NUMBER</p>			