



## CREDIT APPLICATION for Net 30 day

3095 Kerner Blvd, Suite U  
San Rafael, CA 94901  
Phone 415 459-3095  
Fax 415 459-5099  
Email [sales@audacsystems.com](mailto:sales@audacsystems.com)

Company name (Include DBA's)

Physical street address

Mailing address if different

City

State

ZIP

Type of Business      Corp      Partnership      Proprietorship      Year started  
(Circle one)

Tax ID

DUNNS#

D&B Rated

Authorized Buyers

Accounts payable contact name & phone

Purchase orders required (yes or no)

### VENDOR REFERENCES

Company \_\_\_\_\_

Contact Person \_\_\_\_\_

Address \_\_\_\_\_

Telephone \_\_\_\_\_

City                      State                      Zip

Company \_\_\_\_\_

Contact Person \_\_\_\_\_

Address \_\_\_\_\_

Telephone \_\_\_\_\_

City                      State                      Zip

Company \_\_\_\_\_

Contact Person \_\_\_\_\_

Address \_\_\_\_\_

Telephone \_\_\_\_\_

City                      State                      Zip

BANK REFERENCE

Bank \_\_\_\_\_

Contact Person \_\_\_\_\_

Address \_\_\_\_\_

Telephone \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
\_\_\_\_\_

PENDING LAW SUITS (If Any):

\_\_\_\_\_

The undersigned authorizes inquiry as to credit information, and further acknowledges that credit privileges, if granted may be withdrawn at any time.

Printed Name: \_\_\_\_\_

Date: \_\_\_\_\_

Authorized Signature: \_\_\_\_\_

Title:<sup>1</sup> \_\_\_\_\_

\_\_\_\_\_  
<sup>1</sup> AUDAC Net 30 credit app