



# Quantum Marketing Group

www.Quantummarkers.com  
714-563-9749 714-776-6208-Fax

## CREDIT APPLICATION

Firm Name: \_\_\_\_\_ Phone #: \_\_\_\_\_ Fax #: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Principal Owners: \_\_\_\_\_ At present location since: \_\_\_\_\_

Year Company was Established: \_\_\_\_\_ Incorporated?: Yes / No If so, under laws of what state: \_\_\_\_\_

Amount of Credit Requested: \_\_\_\_\_ Anticipated Frequency of Orders: \_\_\_\_\_

Bank Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_ Fax Number: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ **Account :** \_\_\_\_\_

### TRADE REFERENCES

Company: \_\_\_\_\_ Contact: \_\_\_\_\_ Phone #: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ Fax#: \_\_\_\_\_

Company: \_\_\_\_\_ Contact: \_\_\_\_\_ Phone #: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ Fax#: \_\_\_\_\_

Company: \_\_\_\_\_ Contact: \_\_\_\_\_ Phone #: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ Fax#: \_\_\_\_\_

For the purpose of having credit extended to the above company or individual by Quantum Marketing Group. for goods, services, etc., sold to the authorized buyers mentioned hereto or who may thereafter designate authorized buyers, I certify the above statement as correct. I acknowledge that Quantum Marketing Group's terms are NET 30 DAYS FROM THE DATE OF INVOICE, and if an open account is granted, agree to comply. If for any reason I do not pay on the specified date, I agree to pay interest as specified on Quantum Marketing Group's invoices. In the event of legal action for service and merchandise purchased under this application, I agree to pay reasonable attorney fees and cost of collection provided that court of jurisdiction makes such an award.

I, undersigned, hereby take responsibility for this account, as an individual, should the business or corporation fail to pay the debt. (Corporations must have signature of corporate officer).

DATE: \_\_\_\_\_ OFFICER'S SIGNATURE \_\_\_\_\_ TITLE \_\_\_\_\_

PRINT NAME \_\_\_\_\_