



Quantum Marketing Group

P.O. Box 2848 Anaheim, CA 92804
 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's 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's 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