

**Heartland Video Systems, Inc**  
**CREDIT APPLICATION**

CONFIDENTIAL  
FAX BACK TO 920-893-3106

**COMPANY INFORMATION**

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

Billing Street Address: \_\_\_\_\_

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

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Web Site: \_\_\_\_\_

\_\_\_\_\_ Taxable \_\_\_\_\_ Tax Exempt \_\_\_\_\_ Resale Exempt

Please include exempt forms

Federal Tax ID # \_\_\_\_\_ - \_\_\_\_\_ or SS# \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

**CONTACT INFORMATION**

Purchasing: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_ E-mail: \_\_\_\_\_

Accounts Payable: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_ E-mail: \_\_\_\_\_

**BANKING INFORMATION**

Bank Name: \_\_\_\_\_

Contact: \_\_\_\_\_

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

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

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Account Number: \_\_\_\_\_

**Heartland Video Systems, Inc**  
**CREDIT APPLICATION**  
(CONTINUED)

**BUSINESS REFERENCES**

Company: \_\_\_\_\_

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

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

Contact: \_\_\_\_\_ Account Number: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_ Email: \_\_\_\_\_

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Company: \_\_\_\_\_

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

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

Contact: \_\_\_\_\_ Account Number: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_ Email: \_\_\_\_\_

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Company: \_\_\_\_\_

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

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

Contact: \_\_\_\_\_ Account Number: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_ Email: \_\_\_\_\_

The above information will be used for extending open credit only. I authorize our bank and suppliers to release any necessary information to complete an evaluation of our credit.

Signature \_\_\_\_\_ Title \_\_\_\_\_

Date \_\_\_\_\_