



CREDIT APPLICATION

Date: _____ CDC Sales Representative: _____

Company Information:

Name of Firm: _____ Phone: (____) _____
Billing Address: _____ Fax: (____) _____
City: _____ ST: _____ Zip: _____ A/P Contact: _____

Type of Business: _____ Date Established: _____

Organization Type: Sole Proprietorship Partnership Private Corporation Public Corporation

Estimated Annual Purchases: \$ _____ Credit Amount Requested: \$ _____

Bank Reference:

Name: _____ Phone: (____) _____
Address: _____ Fax: (____) _____
Account #: _____ Acct. Type: _____

Trade References: (Freight, Utility, Phone, Leasing, Financing & Advertising Companies are unacceptable)

Name: _____ Phone: (____) _____
Address: _____ Fax: (____) _____
Account #: _____ Contact: _____

Name: _____ Phone: (____) _____
Address: _____ Fax: (____) _____
Account #: _____ Contact: _____

Name: _____ Phone: (____) _____
Address: _____ Fax: (____) _____
Account #: _____ Contact: _____

Name: _____ Phone: (____) _____
Address: _____ Fax: (____) _____
Account #: _____ Contact: _____

The above information is provided for the purpose of obtaining credit and is warranted to be true. We hereby authorize the references listed above to release financial information and credit reports to Corporate Disk Company.

Name: _____ Title _____
Signature: _____ Date _____

FOR CORPORATE DISK INTERNAL USE ONLY

Sale Amount Of Order _____	Estimated Ship Date _____
Product: CDR CD-ROM DDL Custom Printing Fulfillment Internet Stock Other _____	