

ACCOUNT NUMBER

Phone: 800.528.6311 \* Fax: 585.392.5575 \* email: info@rochestercassette.com

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

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

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

Main Phone No: \_\_\_\_\_ A/P Contact: \_\_\_\_\_

Federal ID (EIN) # \_\_\_\_\_ A/P Phone: \_\_\_\_\_

Date Business Started: \_\_\_\_\_ A/P Fax: \_\_\_\_\_

Dun & Bradstreet No: \_\_\_\_\_ A/P Email: \_\_\_\_\_

Will You Accept Email Invoices? \_\_\_\_\_

- Sole Proprietorship    
  Partnership    
  Limited Partnership    
  Corporation

REFERENCES

**Bank Name:** \_\_\_\_\_  
 Address: \_\_\_\_\_  
 \_\_\_\_\_  
 Account No: \_\_\_\_\_  
 Phone: \_\_\_\_\_  
**FAX:** \_\_\_\_\_

**Company:** \_\_\_\_\_  
 Address: \_\_\_\_\_  
 \_\_\_\_\_  
 Last Invoice Date: \_\_\_\_\_ Amt: \_\_\_\_\_  
 Phone: \_\_\_\_\_  
**FAX:** \_\_\_\_\_

**Company:** \_\_\_\_\_  
 Address: \_\_\_\_\_  
 \_\_\_\_\_  
 Last Invoice Date: \_\_\_\_\_ Amt: \_\_\_\_\_  
 Phone: \_\_\_\_\_  
**FAX:** \_\_\_\_\_

**Company:** \_\_\_\_\_  
 Address: \_\_\_\_\_  
 \_\_\_\_\_  
 Last Invoice Date: \_\_\_\_\_ Amt: \_\_\_\_\_  
 Phone: \_\_\_\_\_  
**FAX:** \_\_\_\_\_

Is a purchase order required by your organization?    \_\_\_ Yes    \_\_\_ No

Is your organization exempt from NY State Tax?    \_\_\_ Yes    \_\_\_ No

If 'Yes' please be certain to attach a valid NY State\* Tax Exempt Form (ST-119.1) or a valid Resale Certificate

\*Tax exemption is subject to state law and may be restricted under many circumstances. Please contact our accounting office with questions.

Our organization understands that terms of credit are Net 30 days. We are financially able to meet any commitments we make and agree to settle your invoices according to your terms. We understand that Rochester Cassette Sales & Service may deem it necessary to review our organization's credit profile as reported by a credit agency in conjunction with this credit application.

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

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

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

Title: \_\_\_\_\_

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

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

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

Title: \_\_\_\_\_

Rochester Cassette Accounting Office Use

Reviewed By: \_\_\_\_\_

Approved By: \_\_\_\_\_