



Health Care Communications ▪ Patient Safety Systems  
Professional/Commercial Sound ▪ Intercom ▪ Security ▪ CCTV

## CREDIT APPLICATION / REFERENCES

Page 1 of 2

COMPANY NAME: \_\_\_\_\_

DATE \_\_\_\_\_

BILL TO ADDRESS:

SHIP TO ADDRESS:

ADDRESS \_\_\_\_\_

ADDRESS \_\_\_\_\_

CITY \_\_\_\_\_

CITY \_\_\_\_\_

STATE \_\_\_\_\_ ZIP CODE \_\_\_\_\_

STATE \_\_\_\_\_ ZIP CODE \_\_\_\_\_

PHONE \_\_\_\_\_ FAX \_\_\_\_\_

PHONE \_\_\_\_\_ FAX \_\_\_\_\_

ACCTS. PAYABLE EMAIL: \_\_\_\_\_

TAX EXEMPT: (Circle) Yes No If Yes TAX EXEMPT # \_\_\_\_\_ (Attach Copy)

CLASSIFICATION: CORPORATION - PARTNERSHIP - SOLE PROPRIETOR - STATE \_\_\_\_\_

NO. OF EMPLOYEES \_\_\_\_\_ FEDERAL TAX I.D. OR SOCIAL SECURITY NO. \_\_\_\_\_

DUNS #: \_\_\_\_\_ INCORPORATED BUSINESS SINCE: \_\_\_\_\_

BUSINESS TYPE: (Circle) Health Care Facility – School – Manufacturing - Corporate Office – Retail – Hospitality

Other \_\_\_\_\_

PRINCIPLE NAME(S) \_\_\_\_\_ TITLE \_\_\_\_\_

PRINCIPLE NAME(S) \_\_\_\_\_ TITLE \_\_\_\_\_

PURCHASING CONTACT: \_\_\_\_\_ FACILITY/MAINT. CONTACT: \_\_\_\_\_

Rev. 12-14-09



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**Bank Information:**

BANK: \_\_\_\_\_ PHONE \_\_\_\_\_  
ADDRESS \_\_\_\_\_ CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP CODE \_\_\_\_\_  
BRANCH MANGER \_\_\_\_\_ LOAN OFFICER \_\_\_\_\_

**PLEASE LIST THREE (3) CREDIT REFERENCES BELOW:**

NAME \_\_\_\_\_ ACCOUNT NO. \_\_\_\_\_  
ADDRESS \_\_\_\_\_ CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP CODE \_\_\_\_\_  
FAX \_\_\_\_\_ PHONE \_\_\_\_\_

NAME \_\_\_\_\_ ACCOUNT NO. \_\_\_\_\_  
ADDRESS \_\_\_\_\_ CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP CODE \_\_\_\_\_  
FAX \_\_\_\_\_ PHONE \_\_\_\_\_

NAME \_\_\_\_\_ ACCOUNT NO. \_\_\_\_\_  
ADDRESS \_\_\_\_\_ CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP CODE \_\_\_\_\_  
FAX \_\_\_\_\_ PHONE \_\_\_\_\_

FOR THE SOLE USE OF Raintech Sound & Communications, Inc. ONLY.  
ALL INFORMATION CONTAINED HEREIN IS TO BE TREATED AS CONFIDENTIAL.

Customer Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
Title: \_\_\_\_\_

OFFICE USE ONLY:  
ACCOUNT NO. \_\_\_\_\_ DATE OPEN \_\_\_\_\_ CREDIT LIMIT \_\_\_\_\_