



4401 Equity Drive, Columbus, OH 43228 PHONE 1-614-850-1460 FAX 1-614-850-0741

www.cscww.com

A new customer order cannot be processed unless this application has been completed and approved. INCOMPLETE FORMS CANNOT BE PROCESSED. The completion of this document by a prospective customer is in no way binding on CSC Worldwide, nor does it imply that final approval will be given, regardless of the credit worthiness of the subject customer.

APPLICATION FOR CREDIT

LEGAL COMPANY NAME: _____

YEARS IN BUSINESS UNDER THIS NAME: _____

DBA NAME: _____

WEBSITE ADDRESS: _____

BILL TO ADDRESS: _____

CITY: _____ STATE: _____ ZIP CODE: _____

PHONE #: _____ FAX #: _____

CONTACT NAME: _____

PARENT COMPANY NAME: _____

TYPE OF BUSINESS: _____

ACCOUNTS PAYABLE CONTACT NAME: _____

ADDRESS: _____

PHONE #: _____ FAX #: _____

ESTIMATED VALUE OF INITIAL ORDER (\$): _____

TAX EXEMPT: YES NO IF YES - ATTACH CERTIFICATE
RESELLERS: YES NO IF YES - ATTACH CERTIFICATE
(Circle One)

NAMES, TITLES OF PRINCIPALS:

NAME: _____ TITLE: _____

NAME: _____ TITLE: _____

YRS AT PRESENT LOCATION: _____

TRADE REFERENCES (fax # required):

1. COMPANY NAME _____

CONTACT PERSON: _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP CODE: _____

PHONE #: _____ FAX #: _____

2.. COMPANY NAME _____

CONTACT PERSON: _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP CODE: _____

PHONE #: _____ FAX #: _____

3. COMPANY NAME _____

CONTACT PERSON: _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP CODE: _____

PHONE #: _____ FAX #: _____

4. COMPANY NAME _____

CONTACT PERSON: _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP CODE: _____

PHONE #: _____ FAX #: _____

BANKING INFORMATION (fax number required):

BANK NAME: _____ ACCT # _____

OFFICER TO CONTACT: _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP CODE: _____

PHONE #: _____ FAX #: _____

IS THIS A BORROWING RELATIONSHIP? _____

DELIVERY REQUIREMENTS:

DO YOU REQUIRE INSIDE DELIVERY: YES NO

DO YOU REQUIRE A LIFT GATE: YES NO

I hereby certify that the foregoing statements contained herein and/or attached herein are true and correct and are furnished to the CSC Worldwide for the purpose of inducing said corporation to extend credit to the undersigned. I hereby authorize CSC Worldwide to investigate the references pertaining to our credit and financial responsibility.

I (customer) agree to be bound by the terms and conditions set forth by CSC Worldwide. Our standard terms are NET 30 DAYS. The customer understands and agrees to: 1) Pay all charges for account, or others using the account, regardless of account's credit limits; 2) pay all charges within payment terms after billing date without finance charge or be subject to service charges not in excess of that permitted by law; 3) balance owed will become due in full upon any default in payment of violation of terms of account use; and 4) pay all collection costs, including reasonable attorney fees.

Printed Name: _____

Title: _____ Date: _____

Signature: _____

IF APPLICABLE, PLEASE ATTACH
SALES TAX EXEMPTION CERTIFICATE or RESALE CERTIFICATE

**Please fax completed credit application
to Cynthia Piper @ 614-219-6667**