



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
<small>(Circle One)</small>			

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**