

MAMMOTH SOUND

Credit Application
Phone: 928-636-9298
Fax: 928-636-1070

Company Name: _____

Physical Address: _____

City, State, Zip: _____

Phone: _____ Fax: _____

Billing Address: _____

City, State, Zip: _____

Company Website: _____

Accounts Payable Contact: _____, Email Address: _____

Phone: _____, Ext. _____, Fax: _____

Name of Owners, Partners, Officers:

Name: _____ Title: _____ Phone: _____

Name: _____ Title: _____ Phone: _____

Type of Business: Sole Prop _____ Partnership _____ Corporation _____

Years in business: _____ Requested Terms: (circle one) N15 N30 Credit Card

Have you ever personally declared bankruptcy, been an officer of a corporation or partnership that declared bankruptcy? _____

Resale License Number: _____ (If Tax exempt, please include certificate.)

References- only if applying for terms:

1. Suppliers Name: _____
Mailing Address _____
Physical address _____
Acct # _____
Phone: _____ Fax: _____

2. Suppliers Name: _____
Mailing Address _____
Physical address _____
Acct # _____
Phone: _____ Fax: _____

2. Suppliers Name: _____
Mailing Address _____
Physical address _____
Acct # _____
Phone: _____ Fax: _____