



CREDIT APPLICATION

Thank you for choosing Sunrise Digital. Please complete all information below and return to your Sunrise Digital representative.

Date of Application: _____

Name of Business: _____

DBA (if applicable): _____

Address: _____

City/State/Zip _____

Telephone: _____

Fax: _____

A/P Name: _____

A/P Phone: _____ A/P Fax: _____

A/P Email: _____

Tax ID or SS# (if Sole Proprietor): _____

Business License #: _____

Year Founded: _____

Annual Sales: _____

No. of Employees: _____

CREDIT CARD GUARANTEE (REQUIRED):

Credit card information will be kept on file and will not be charged unless invoices are past-due and we've exhausted all other payment options.

Credit Card Number: _____

Expiration Date: _____ Billing Zip Code: _____

Authorized Signature: _____

TRADE REFERENCES:

1. Company: _____

Address: _____

City/State/Zip _____

Telephone: _____

Fax: _____

Account #: _____ Contact: _____

2. Company: _____

Address: _____

City/State/Zip _____

Telephone: _____

Fax: _____

Account #: _____ Contact: _____

3. Company: _____

Address: _____

City/State/Zip _____

Telephone: _____

Fax: _____

Account #: _____ Contact: _____

BANK REFERENCE:

Bank Name: _____

Address: _____

City/State/Zip _____

Telephone: _____

Fax: _____

Contact Name: _____

Account #: _____

Account Type: Savings Checking