



# Application for Credit

Firm Name: \_\_\_\_\_ Date: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Telephone: ( ) \_\_\_\_\_ FAX: ( ) \_\_\_\_\_

Name of Parent Company (If Subsidiary): \_\_\_\_\_

Resale Tax Number (If Applicable): \_\_\_\_\_

Sole Ownership \_\_\_\_\_ Partnership \_\_\_\_\_ Corporation \_\_\_\_\_

Owners/Partners/Officers: \_\_\_\_\_ Inc. State of \_\_\_\_\_

_____	_____
Name	Name

_____	_____
Title	Title

Kind of Business: \_\_\_\_\_

Year Established: \_\_\_\_\_ Year Incorporated: \_\_\_\_\_

Trade References – Please give names of those you buy from on open account:

Name: _____	Name: _____
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Address: _____	Address: _____
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City: _____	City: _____
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State: _____	Zip: _____	State: _____	Zip: _____
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Telephone: _____	Telephone: _____
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Fax: _____	Fax: _____
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Bank: \_\_\_\_\_ Contact: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Telephone: (    ) \_\_\_\_\_ Account Number: \_\_\_\_\_

Do you pledge or borrow on your accounts receivable? \_\_\_\_\_

From whom? \_\_\_\_\_

Have you done business under any other names during the past ten years?        Yes or No

If yes, explain: \_\_\_\_\_

Has a tax lien been filed against applicant, any of its affiliated companies, owners, partners, or officers within the past five years? Yes or No

Has applicant, any of its affiliated companies, owners, partners, or officers ever filed a voluntary petition in bankruptcy, been adjudged bankrupt or made an assignment for benefit of creditors? Yes or No

How long in present business location: \_\_\_\_\_

Are you rated in Dun & Bradstreet?    Yes or No        Rating: \_\_\_\_\_

We understand and will comply with the following terms and conditions:

The extension of credit on an open account is based upon the purchaser's assurance of prompt payment according to the terms stated on the invoice. In the event that payment is not made as stated on the invoice, all accounts shall have added to their balance the sum of 1 ½% on the outstanding balance of the account for each 30-day period that the delinquency continues. Upon failure of the customer to pay according to the credit terms of the invoice, the company shall take such steps, as it deems necessary with regard to future deliveries including placing said deliveries on a cash-on-delivery basis or cash-with-order basis. In the event that suit or action is brought to collect the outstanding balance of any customer's account, the customer agrees to pay Ballantyne of Omaha, Inc. all attorney's fees and costs in collecting the balance due, including all costs and fees incurred prior to commencement of legal action and all costs and expenses incurred in any appeal.

The signature below is that of an individual authorized to commit this company:

Name: \_\_\_\_\_ Title: \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Thank you for doing business with us. Ballantyne will notify you as soon as your account is approved.

*Blanket Certificate of Exemption for sales tax purposes must accompany this application.*

**Strong International, Inc./Ballantyne of Omaha, Inc.**  
**4350 McKinley Street**  
**Omaha, NE 68112**  
**Phone: (402) 453-4444**  
**Fax: (402) 453-7238**

**Blanket Certificate of Exemption**

\_\_\_\_\_  
(State of Local Taxing Jurisdiction)

**Blanket Certificate of Exemption**

The undersigned certifies that all tangible personal property, described below, which may be purchased by the undersigned from Ballantyne of Omaha, Inc. unless otherwise stated on the purchase order, is exempt from the sales and/or use tax for the following reason or reasons:

- ( ) Resale as tangible personal property.
- ( ) To be incorporated as a material or part of tangible personal property to be manufactured or compounded for sale.
- ( ) Other – Please describe: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

The undersigned further certifies that in the event any of the property purchased pursuant to this certificate is determined to be subject to the tax or used for a taxable purpose, that such tax will be reported and paid by the undersigned directly to the taxing authority.

This certificate shall continue in force and effect until revoked by the undersigned.

Description of Property: \_\_\_\_\_  
\_\_\_\_\_

Name of Purchaser: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_

Sale or Use Tax Permit, License or Registration No. \_\_\_\_\_

If none, please explain: \_\_\_\_\_  
\_\_\_\_\_

Signed by: \_\_\_\_\_

Title: \_\_\_\_\_

**Date:** \_\_\_\_\_