

CREDIT APPLICATION

12407 Mukilteo Speedway, Ste. 130, Lynnwood, WA 98087 Phone: (425) 322-3170 FAX(877) 721-6107 info@amkspeakers.com www.amkspeakers.com

If sepa	rate credit profile is prov	ided, please check here and	send us the information	along
	with this first page o	of credit application sheet.		
Date:				
Address:				
City. State, Zip				
Federal Tax ID:				
Phone:		Fax:		
Accounts Payable Conta				
Accounts Payable Ema				
Type of Busine	ess Installation	System Design	☐ Consulting	
(Check all that applie	<u> </u>	☐ Manufacturing		
Annual Sales: \$				
	elease information by i	mail will expedite applica	mon processing.)	
Ref#1 Company				
Contact		Email:		
Address		Diluii.		
Account No:	Phone:	Fax:		
Ref#2				
Company				
Contact		Email:		
Address				
Account No:	Phone:	Fax:		
Ref#3				
Company		Emoile		
Contact Address		Email:		
Account No:	Phone:	Fax:		
Ref#4	i none.	ı un.		
Company				
Contact		Email:		
Address		,		
Account No:	Phone:	Fax:		



BANK INFORMATION

ame of the Institution	1
Address	:
City. State, Zip	
	: Fax:
Account Number	:
Monthly Credit Des	sired: _\$
I understand (Calculated fi	are that the information given on this application is complete and accurate. and agree that payment terms are 2% - 10 days, NET - 20 days rom invoice ate).
Name: _	
Title:	
Please se	end the application to:
Email:	accounting@amkspeakers.com

FAX: 877-721-6107

Or