



IBT Video Systems, Inc.
2204 U.S. 41, Ste. 4
Scherverville, IN 46375
Phone (219) 864-8960
Fax (219) 864-8961

Customer Profile and Credit Application

Business Name: _____ **Date:** _____

Billing Address:

Street Address: _____

City: _____ State: _____ Zip: _____

PO Required: ____yes ____no

Written PO Required: ____yes ____no

Shipping Address:

Street Address _____

City: _____ State: _____ Zip: _____

Telephone #: _____ Fax #: _____

E-Mail Address: _____

Principal(s) and Titles:

Years in Business: _____ Years at present site: _____ Building: Owned _____ Rented _____

Contacts:

Accounts Payable: _____ Extension: _____ E-Mail _____

Ordering: _____ Extension: _____ E-Mail _____

Sales Manager: _____ Extension: _____ E-Mail _____

Technical Staff: _____ Extension: _____ E-Mail _____

Branch Office & Locations:

Other Business Names Used:

We are a:

a. Division of _____

b. Subsidiary of _____

c. Other _____

Total No. Employees: _____ Salespersons: _____ Technical Staff: _____

Primary products and lines carried:

Commercial Business Percentage: _____% Residential Business Percentage: _____%

Region or Territory Served: _____

Are Sales taxable? Yes___ No ___ If not, please attach a copy of Sales Tax Exemption Certificate. Otherwise, sales will be taxed in states for which we are authorized to collect in.

TAX ID #: _____ Dun & Bradstreet #: _____
Maximum Credit Amt. Needed: _____ If over \$5,000.00 attach financial statement.

Principle Bank: _____ Account #: _____
Address: _____
City: _____ State: _____ Zip: _____
Contact: _____ Phone: _____
Average Balance: _____ Available Credit: _____

Name and Address of three (3) trade references:

Company Name: _____ Account #: _____
Address: _____
Contact: _____ Phone: _____ Fax: _____
Credit Limit: _____

Company Name: _____ Account #: _____
Address: _____
Contact: _____ Phone: _____ Fax: _____
Credit Limit: _____

Company Name: _____ Account #: _____
Address: _____
Contact: _____ Phone: _____ Fax: _____
Credit Limit: _____

The above information is correct and complete to the best of my knowledge and I am authorized to provide this information to I.B.T. Video Systems, Inc. for the sole purpose of determining dealer eligibility and credit worthiness.

Name: _____

Signature: _____

Title: _____