



VIDEO SERVICE OF AMERICA



Media Duplication and Supply, LLC
8238 Nieman Road | Lenexa, KS 66214
888.331.2626 | 913.888.2626 | 913.888.2628 (F)
www.mediakc.com | sales@mediakc.com

For Office Use Only
Customer Number
Credit Limit
Terms
For MDS Office Use Only
Previous Client
New Client

CREDIT APPLICATION

(please type or print)

Company Name
Mailing Address
City State Zip
Shipping Address
City State Zip
Phone # () Fax # ()

BANK REFERENCE

1. Bank Phone # () Fax # ()
Address Account #
City State Zip

TRADE REFERENCES

1. Name Phone # () Fax # ()
Address Account #
City State Zip
2. Name Phone # () Fax # ()
Address Account #
City State Zip

INFORMATION

Are you tax exempt? Yes No Exempt/Reseller # & State
Nature of Business
Length in Business Years Contact Name
Requested Credit Amount Do you require Purchase Orders? Yes No

TERMS

I/We understand and agree that a finance charge of 1.5% per month, an annual rate of 18%, will be charged on all delinquent accounts. I/We certify that the information on the application is correct, that the terms to be set are understood and agreed upon prior to payment if credit is approved. I/We understand that VSA retains the right to deny shipment of any orders on past due accounts. I/We understand that a \$30.00 fee will be charged on returned checks and a 15% restocking fee charge on returns. I/We also agree, in the event of default, to pay reasonable collection charges, attorney fees, and court costs where applicable.

Date Signature/Title

Media Duplication and Supply, LLC is a partner company with Video Service of America (VSA, Inc.)



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In order for us to process your application for credit, we will need your authorization to contact the bank reference you have provided for us on your credit application. We will use a copy of this authorization to inquire only about your account history and activity; all information will be kept confidential.

Thank you,

Barb Greene
Credit Manager

AUTHORIZATION TO RELEASE CREDIT INFORMATION

As I am applying for credit terms, I hereby authorize you to provide my company's appropriate credit information to the company officer listed above. This information is to be used in helping establish credit terms with the company. I am permitting a copy of this authorization to be accepted as an original.

My Business Account Name: _____

Account Number(s): _____

Authorization Signature: _____

Title: _____

Today's Date: _____