

To submit a purchase order to SoftwareMedia.com, please complete and include the following three documents:

1. Fill out & sign the included Credit Application.
2. Fill out the included Bank Authorization form.
3. Create your purchase order.

And fax or email them to:

Softwaremedia.com PO Sales
Email: sales@softwaremedia.com
Fax: 801-433-9661

You will receive a response to your request within 24-48 business hours, often sooner.

Credit request approval times will vary according to the availability of your listed references. Please allow up to one week for approval.

CREDIT APPLICATION

Company or Corporate Name (Exact Legal Name)		Doing Business As:		Telephone #:	
Billing Address:		City:		Fax #:	
AP Contact:		Federal Tax ID:		State:	
Telephone #:				Zip Code:	
Business is a: (check one) <input type="checkbox"/> Corporation <input type="checkbox"/> Partnership <input type="checkbox"/> Proprietorship Year Started: _____ State of Inc: _____ D&B # _____ Reseller Permit #: _____ Annual Sale Volume: _____ Business Activities (check one) <input type="checkbox"/> Wholesale <input type="checkbox"/> Retail <input type="checkbox"/> System House Parent Company Name: (Only if apply) _____		(Check One) <input type="checkbox"/> Principal <input type="checkbox"/> Partner <input type="checkbox"/> Proprietor Name: _____ Address: _____ City _____ State _____ Zip Code _____ SSN: _____ Birth Date _____			
BANK REFERENCE:					
Name:		Contact Name:		Phone #:	
Street Address:		City:		Date Opened:	
Type of Account` <input type="checkbox"/> Checking No. _____		<input type="checkbox"/> Saving No. _____			
Name:		Contact Name:		Phone #	
Street Address:		City		Date Opened	
Type of Account` <input type="checkbox"/> Checking No. _____		<input type="checkbox"/> Saving No. _____			
CREDIT CARD AUTHORIZATION:					
Type <input type="checkbox"/> Visa <input type="checkbox"/> MasterCard <input type="checkbox"/> American Express <input type="checkbox"/> Discover		Account #:		Exp Date:	
Cardholder's Name (As it appears on card):					
Card Billing Address:					
I authorize SoftwareMedia.com to charge purchase of product to the above credit card. This authorization will remain in effect until written notice of cancellation is received by SoftwareMedia.com					
Cardholder Signature:				Date:	
TRADE REFERENCE: (Please provide credit reference information for three major suppliers)					
Name:		Contact Name:		Phone:	
Street Address:				Fax:	
Name:		Contact Name:		Phone:	
Street Address:				Fax:	
Name:		Contact Name:		Phone:	
Street Address:				Fax:	
By signing below, you certify that all information provided above is complete and correct. Also, you are authorized to provide such information for credit purposes Signature: _____ Date: _____					

Date _____

Authorization to Obtain Bank Credit Information

Bank Name: _____

Contact: _____

Fax: _____ Tel: _____

From: [Your company name]: _____

Authorized signature: _____

Authorized name: _____

I hereby authorize the release of the **following bank credit information** to
SoftwareMedia.com, Fax 801 433 9661

This portion to be completed by the bank

Account opened: _____

Average balance for the past three months: _____

Amount of any revolving credit line: _____

Amount of any revolving credit outstanding: _____

General comments about the credit worthiness of our mutual customer:

Signature of Bank officer supplying this information: _____

Please send completed form to SoftwareMedia.com at: 801 433 9661