

## SoftwareMedia.com

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](mailto: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 a week for approval.



916 S. Main St, Salt Lake City, UT 84101

Tel: 801-433-9660; Fax: 801-433-9661

### CREDIT APPLICATION

Company or Corporate Name (Exact Legal Name):	Doing Business As:	Telephone #	
Billing Address:	City	Fax #	State: Zip Code:
AP Contact:	Federal Tax ID:	Email Address:	
Telephone #			
Business is a: (check one) <input type="checkbox"/> Corporation <input type="checkbox"/> Partnership <input type="checkbox"/> Proprietorship		(Check one) <input type="checkbox"/> Principal <input type="checkbox"/> Partner <input type="checkbox"/> Proprietor	
Year Started: _____ State of Inc. _____ D & B # _____		Name: _____	
Reseller Permit #: _____ Annual Sale Volume: _____		Address: _____	
Business Activities: (check one) <input type="checkbox"/> Wholesale <input type="checkbox"/> Retail <input type="checkbox"/> System House		City: _____ State: _____ Zip Code: _____	
Parent Company Name: (Only if apply) _____		SSN: _____ Birth date: _____	

### BANK REFERENCE:

Name:	Contact Name:	Phone #	Date Opened:
Street Address:		City:	State, Zip:
Type of Account: <input type="checkbox"/> Checking No. _____ <input type="checkbox"/> Saving No. _____			
Name:	Contact Name:	Phone #	Date Opened
Street Address:		City:	State, Zip:
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 purchases of product to the above credit card. This authorization will remain in effect until written notice of cancellation is received by SoftwareMedia.com.		
Cardholder's 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: _____



**SoftwareMedia.com**  
916 S Main St  
Salt Lake City, UT 84101

Phone:  
800 474-1045  
801 433-9660

Fax:  
801 433-9661

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