



Integrated Network Cable//Showmecables.com
18079 Edison Avenue
Chesterfield, MO 63005

(636) 519-9505
(636) 519-9515 fax

Credit Application

Account Name: _____

Billing Address: _____

Telephone Number: _____

CHECK ONE: [] Corporation - State: ____ [] Partnership [] Proprietorship

Years in Business: ____

At this Location: ____

BANK REFERENCE: _____

Account Number: _____

Bank Contact & Phone Number _____

BUSINESS REFERENCES (NAME, ADDRESS, TELEPHONE NUMBER)

1) _____

2) _____

3) _____

OFFICERS, PARTNERS and/or PRINCIPALS

1) Name: _____
SS #: _____

Position: _____
Telephone Number: _____

2) Name: _____
SS #: _____

Position: _____
Telephone Number: _____

3) Name: _____
SS #: _____

Position: _____
Telephone Number: _____

In lieu of a Financial Statement and in order to induce the sale of merchandise to the applicant, the Principal Owners, Officers or Partners may sign the following Assumption of Responsibility and Guaranty Agreement.

I (We) assume Personal Responsibility for and Guarantee payment of all sums due and Payable to Integrated Network Cable (INC), Inc. by the applicant above listed, including all costs of collection, including attorney's fees, should the account be placed in the hands of an attorney for collection. I (We) also agree that all goods purchased from Integrated Network Cable (INC), Inc. remain the sole property of Integrated Network Cable (INC), Inc. until payment rendered.

SIGNED: _____

SIGNED: _____

DATE: _____

DATE: _____