



# DRAGHON BROTHERS, INC.

SOUND REINFORCEMENT SPECIALISTS

127 Maxwell Street Fayetteville NC 28301

Phone (910) 484-7131 Fax (910) 484-7132

[www.draughonbrothers.com](http://www.draughonbrothers.com)

## Application for a Business Account

### BUSINESS CONTACT INFORMATION

Company name:

Address:

Phone:

Fax:

Shipping address (if different):

Date business founded:

Federal Tax ID/SSN:

Resale #:

Sole proprietorship:

Partnership:

Corporation:  Date/State:

Note: All Resellers must fill out and return a Form E-595E "[Certificate of Exemption](#)"

### BUSINESS AND CREDIT INFORMATION

Authorized Buyer:

Email:

Phone:

Accounting/AP Contact:

Email:

Phone:

Owner/Officer:

E-mail:

Phone:

Primary Bank Name:

Contact Person:

Bank address:

Phone:

City:

State:

ZIP Code:

Savings Acct #

Checking Acct #

Loan/Open Chg #

### BUSINESS/TRADE REFERENCES

Company Name/Contact:

Address:

City:

State:

ZIP Code:

Phone:

Fax:

E-mail:

Type of account/Account number:

Company Name/Contact:

Address:

City:

State:

ZIP Code:

Phone:

Fax:

E-mail:

Type of account/Account number:

Company Name/Contact:

Address:

City:

State:

ZIP Code:

Phone:

Fax:

E-mail:

Type of account/Account number:

### AGREEMENT

Terms: Unless indicated otherwise by contractual agreement or on an invoice, terms are net 10 from date of invoice. If any amounts due remain unpaid beyond 30 days, the undersigned agrees to pay a service charge of 1½% per month of the outstanding balance and reasonable attorney fees, collection agency fees, and costs in the event of any action taken to collect such amounts. Any past due balances paid by credit card will be assessed a 3% fee.

The Undersigned acknowledges the above-stated terms and agrees to remit payment in accordance therewith. The undersigned further acknowledges the information above is true and correct. Signature of this Credit Application also serves as authorization for Draughon Brothers Inc. to investigate relationships with all trade suppliers and all financial institutions listed above for the purpose of establishing credit. The undersigned acknowledges that they are authorized to sign this Credit Application for the listed Company and assumes full responsibility for all actions taken by Draughon Brothers Inc. in regards to this Credit Application.

### SIGNATURES

Name:  
Title:

Date:

Name:  
Title:

Date: