



Phone: (800) 864-8663 Fax: (818) 772-0299

### APPLICATION FOR NEW ACCOUNT

Unitone Account Rep: \_\_\_\_\_

#### COMPANY INFORMATION

Company Name:			DBA:		
Billing Address:			Ship Address:		
City:	State:	Zip:	City:	State:	Zip:
A/P Contact:		Ph:	Purch Contact:		Ph:
A/P e-mail:		Fx:	Purch e-mail:		Fx:
Type of Business:	<input type="checkbox"/> Sole Proprietorship	<input type="checkbox"/> LLC	Business or Service Provided:		Fed I.D. #:
	<input type="checkbox"/> Partnership				Reseller Permit #:
	<input type="checkbox"/> Corporation	State of Incorporation: _____			or Principal SS #:
Name of Principal(s):			Title(s):		
<b>Account Type Requested:</b>					
<input type="checkbox"/> Net 30 Terms, Credit Line Desired: \$ _____ or <input type="checkbox"/> Credit Card Prepay or <input type="checkbox"/> COD (available for Will Call Customers only)					

#### COMPLETE IF REQUESTING CREDIT CARD ACCOUNT:

#### CREDIT CARD INFORMATION

Card Holder Name:			Credit Card #:		
Billing Address:			Expiration:		
City:	State:	Zip:	Security (CVV) Code:		
1. Your signature below authorizes UNITONE to charge your credit card prior to shipping any order that you place with us, including but not limited to orders being shipped to an address other than the credit card billing address. You agree that if the card declines you will be given an opportunity to provide an alternate card to charge and if you cannot provide this, the order will be shipped COD upon approval. You also agree to immediately inform UNITONE of any changes that occur to the credit card such as cancellation, change of address, expiration date or card number.					
2. Freight and pricing claims must be made within 30 days of invoice date. Claims must be made in writing via e-mail or fax.					
3. I have read and agree to Unitone's current Terms and Conditions			Initial Here: _____ Date: _____		
Printed Name:		Signature:		Title:	
				Date:	

#### COMPLETE IF REQUESTING NET 30 TERMS ACCOUNT:

#### TRADE REFERENCES

Company Name:		Terms:	Company Name:		Terms:
Address:	Acct #:		Address:	Acct #:	
City:	State:	Zip:	City:	State:	Zip:
Contact:	e-mail:		Contact:	e-mail:	
Ph:	Fx:		Ph:	Fx:	
Company Name:		Terms:	Company Name:		Terms:
Address:	Acct #:		Address:	Acct #:	
City:	State:	Zip:	City:	State:	Zip:
Contact:	e-mail:		Contact:	e-mail:	
Ph:	Fx:		Ph:	Fx:	

#### BANK REFERENCE

Bank Name:		Ph:	Fx:
Branch Address:		Account #:	
Type of Account: <input type="checkbox"/> Checking <input type="checkbox"/> Savings <input type="checkbox"/> Other			

Your signature below personally guarantees this account and authorizes the release of bank and other credit ratings, date account opened, and verifications of deposit including current balance and average balance.

1. NET 30 applicant agrees to abide by the following terms and conditions: All invoices are due and payable NET 30. Invoices still due at 60 days are subject to credit hold and finance charges. Applicant further agrees to pay all collection costs & attorney fees if delinquent and to litigate the matter in a court in the State of California.

2. Freight and pricing claims must be made within 30 days of invoice date. Claims must be made in writing via e-mail or fax.

3. I have read and agree to Unitone's current Terms and Conditions Initial Here: \_\_\_\_\_ Date: \_\_\_\_\_

Printed Name:	Signature:	Title:	Date:
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