



ORTOFON INC.
500 Executive Blvd.
Suite 102
Ossining, NY 10562
P: 914-762-8646
F: 914-762-8649

ACCOUNT INFORMATION

Resale No. _____

BILLING ADDRESS

Firm Name _____

DBA _____

Address _____

City _____ St ____ Zip _____

Phone _____

Fax _____

E-mail _____

Is this a store address? Yes ____ No ____

SHIPPING ADDRESS

Name _____

Address _____

City _____ St ____ Zip _____

Phone _____

Fax _____

STORE LOCATIONS

Address _____

City _____ St ____ Zip _____

Manager _____

(Please attach list of additional stores)

Year Business Established _____

OWNERSHIP

__ Proprietorship __ Partnership __ Corporation

Subsidiary of _____

Proprietor, Partners, or Officers (if Incorporated)

Name _____

Home Address _____

Name _____

Home Address _____

If corporation, give year of incorporation and state where incorporated:

Please indicate any other current or previous business of which you are a principal or owner (if none, state none):

Form completed by: _____

Date _____

Rep Firm _____

Salesman _____

NAME OF APPLICANT _____

BANK REFERENCES

Bank _____

Address _____

City _____ St ____ Zip _____

Phone _____ Fax _____

Checking _____ Loan _____ Other _____

ACTIVE TRADE REFERENCES

Name _____	Name _____
Address _____	Address _____
City _____ St ____ Zip _____	City _____ St ____ Zip _____
Phone _____ Fax _____	Phone _____ Fax _____
ACCOUNT # _____	ACCOUNT # _____
Name _____	Name _____
Address _____	Address _____
City _____ St ____ Zip _____	City _____ St ____ Zip _____
Phone _____ Fax _____	Phone _____ Fax _____
ACCOUNT # _____	ACCOUNT # _____
Name _____	Name _____
Address _____	Address _____
City _____ St ____ Zip _____	City _____ St ____ Zip _____
Phone _____ Fax _____	Phone _____ Fax _____
ACCOUNT # _____	ACCOUNT # _____

NAME OF APPLICANT _____

The undersigned hereby makes application to Ortofon Inc. for credit and gives the above information and representations in order to induce Ortofon Inc. to grant credit to the undersigned. The undersigned certifies that the above information and representations are true and complete, and agrees that the answers stated on this application (which shall remain the property of Ortofon Inc.) as well as any other information relative to the applicant's business may be investigated. This application must be answered in its entirety or it will not be processed. To enable verification the above statements, I hereby direct the person(s) to give any requested information concerning me, hereby waiving all rights of action for consequences as a result of such information.

Should credit be granted to me by Ortofon Inc., I understand that I am responsible for all legal and/or collection costs and fees incurred by Ortofon Inc. to collect delinquent invoices and any finance and service charges billed to my account.

APPLICANT'S SIGNATURE _____ Date _____

APPLICANT'S NAME and TITLE _____