



Broadway Video, Inc  
1619 Broadway, 10th Floor  
New York, NY 10019

P: 212-265-7600 / F: 212-713-1535

Finance & Administration

**BROADWAY VIDEO'S ACCOUNT APPLICATION**

Date: \_\_\_\_\_

How did you hear of Broadway Video? \_\_\_\_\_

Company Name: \_\_\_\_\_

Address: \_\_\_\_\_

Your E-Mail Address: \_\_\_\_\_

Phone number: \_\_\_\_\_ Contact Person: \_\_\_\_\_

Billing Address: \_\_\_\_\_

Person to Address Bills to: \_\_\_\_\_

Do you require PO's to place an order? \_\_\_\_\_

Controller: \_\_\_\_\_ Phone Number: \_\_\_\_\_

New York State Status: \_\_\_\_\_ Resale Certificate: \_\_\_\_\_

Corporation: \_\_\_\_\_ Company: \_\_\_\_\_ Proprietorship: \_\_\_\_\_

Type of Business: \_\_\_\_\_ Years in Business: \_\_\_\_\_

President's Name/Address: \_\_\_\_\_

Bank: \_\_\_\_\_

Branch Address: \_\_\_\_\_

Account Executive: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Account Number (s): \_\_\_\_\_

**Trade References:**

1. Company Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
Contact: \_\_\_\_\_ Fax Number: \_\_\_\_\_

2. Company Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
Contact: \_\_\_\_\_ Fax Number: \_\_\_\_\_

3. Company Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
Contact: \_\_\_\_\_ Fax Number: \_\_\_\_\_

**By signing this application you authorize your bank and references to release information in regard to your accounts, outstanding credit lines and payment history to Broadway Video, Inc. for the purpose of establishing an open account and credit line. This information will be kept in the strictest confidence. Also by signing this application you agree to Broadway Video's Payment Terms of Net 30 Days.**

X \_\_\_\_\_  
**Signature Title Date**

**PLEASE FAX THE COMPLETED APPLICATION TO 212-713-1535**