



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

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

Finance & Administration

BROADWAY VIDEO'S SHORT FORM ACCOUNT APPLICATION

Date _____

REQUIRED:

- 1) Company Name: _____
- 2) Address: _____
- 3) Your E-Mail Address: _____
- 4) Phone and Fax number: _____
- 5) Contact: _____
- 6) Billing Address: _____
- 7) Person to Address Bills to: _____
- 8) Resale Certificate: _____
*please attached tax exempt form if applicable
- 9) Do you require PO's to place an order? _____

*The **undersigned** does hereby authorize Broadway Video to open an Account and Process **orders** on its behalf. Also by signing this application you agree to Broadway Video's Payment Terms of Net 30 days.*

X _____
Signature Title Date