www.veondrums.com

BUSINESS INFORMATION:
Legal Firm Name
Doing Business As
Street Address
City, State, Zip Code
Billing Address
Business Phone ( ) Business Fax ( )
Email Address
Date Business Started
How Long Business In Present Location
1- Name Of Owner, Partner X Social Security # Home Phone #
2- Name Of Owner, Partner X Social Security # Home Phone #
1- Home Address X City State Zip
2- Home Address X City State Zip
Partnership Corporation Individual Partnership
State Where Incorporated Date Of Incorporation Federal ID# Sales Tax#

PLEASE CHECK ALL THAT APPLY TO YOUR BUSINESS:
Music & Musical Instruments Franchise ❑ Music Stores-Retail ❑ Musical Instrument Makers & Repairers ❑
Entertainers' Equipment & Supplies ❑ Recording Equipment & Supplies ❑ Other:

DEALERSHIP VERIFICATION:
- TO PROTECT OUR DEALERS FROM ABUSE BY PRIVATE INDIVIDUALS OR OTHER TRADES POSING MUSICAL BUSSINESS DEALERS, WE DO BUSINESS ONLY WITH LEGITIMATE MUSIC RELATED DEALERS HAVING A PLACE OF BUSINESS LOCATED SEPARATELY FROM YOUR RESIDENCE, BUSINESS TELEPHONE LISTED IN THE YELLOW PAGES, CURRENT EXEMPTION CERTIFICATE, AND BUSINESS LICENSE WHERE APPLICABLE

PLEASE PROVIDE THE FOLLOWING INFORMATION TO COMPLETE YOUR APLICATION: - ORDERS WILL BE SHIPPED PRE-PAID OR C.O.D.(CASH) UNTIL CREDIT IS ESTABLISHED. - PLEASE ALLOW 3-4 WEEKS FOR PROCESSING.
C.O.D. Cash ❑ C.O.D. Company Check ❑ Open Account (NET 30th) ❑ Wire Transfer ❑
MasterCard ❑ VISA ❑ Discover/NOVUS ❑ AMERICAN EXPRESS ❑

THIS AUTHORIZES THE USE OF MY MASTERCARD / VISA / DISCOVER-NOVUS / AMERICAN EXPRESS (circle one) BY VEON DRUMS TO PAY FOR ORDERS PLACED BY PHONE.
My MasterCard / VISA / Discover / NOVUS (circle one) number is:
3 Digit Security No. is:
Expiration Date
Cardholder's Name (please print)
Billing Address of Credit Card Holder
Signature Date

PLEASE FILL OUT COMPLETELY TO APPLY FOR C.O.D. COMPANY CHECK OR OPEN ACCOUNT
Bank Name:
Account Number:
Address:
Bank Phone number:
City, State, Zip Code

LIST REFERENCES WHICH ACCEPT YOUR COMPANY CHECK OR EXTEND CREDIT ON ACCOUNT (PREFERABLY WITHIN THE MUSIC BUSINESS)
Name: Dealer Account #
Address: Phone Number: ( )
City, State, Zip Code: Contact:
Terms With Company: ❑Open ❑C.O.D. ❑Company Check ❑Cash ❑Other

Name: Dealer Account #
Address: Phone Number: ( )
City, State, Zip Code: Contact:
Terms With Company: ❑Open ❑C.O.D. ❑Company Check ❑Cash ❑Other

Name: Dealer Account #
Address: Phone Number: ( )
City, State, Zip Code: Contact:
Terms With Company: ❑Open ❑C.O.D. ❑Company Check ❑Cash ❑Other

I AM APPLYING FOR COMPANY CHECK ACCEPTANCE/OPEN ACCOUNT FROM VEON DRUMS. PLEASE RELEASE THE INFORMATION NEEDED TO HELP THEM MAKE THEIR DETERMINATION. I HAVE COMPLETED THIS APPLICATION TO OBTAIN CREDIT. I CERTIFY THAT THE STATEMENTS ABOVE ARE TRUE.

I AUTHORIZE VEON DRUMS TO CHECK ALL INFORMATION LISTED. I PERSONALLY GUARANTEE PAYMENT OF ALL MONIES DUE AND OWING, INCLUDING COLLECTION FEES AND/OR ATTORNEY FEES AND COURT COSTS TO VEON DRUMS FOR PURCHASES MADE IN THE EVENT _____ Company Name (Print). DOES NOT PAY THE AMOUNT DUE.

Owner's signature: _____
Date:_____

If more than one owner, both must sign;

Owner's signature: _____
Date:_____