

## CUSTOMER APPLICATION

Company Information (REQUIRED)	
Corporate Name	
Billing Address	
Number / Name / Street	
City / State	
Postal Code / Zip Code	
Shipping Address	
Number / Name / Street	
City / State	
Postal Code / Zip Code	
Contact Info (REQUIRED)	
Primary Contact	
Primary Phone Number	
Primary Email Address	
Accounts Payable Contact	
Email For Invoice (If different from primary)	
Tax Information (RECOMMEND)	
State Tax ID#	
Federal Tax ID#	
Resales/Tax Exempt #	
Additional Questions For Projects (OPTIONAL)	
Will this purchase require design or installation services?	Yes 🔲 No 🗖
If yes, what is the ideal project completion date?	
Short description of the project	
Payment Section	
Preferred Form of Payment (Required) - Select check	box, and follow instructions:
Credit Card - For Credit Card, please complete the Credit	Card Authorization Form.
Check - For Check, please follow <i>Payment by Check Instruc</i>	ctions.

Credit Terms - Credit terms is conditioned on approval. Please complete a *credit terms application*.

ACH - For ACH, please complete the ACH Credit Authorization Form.

Payment Gateway - Payment gateway solution provided by the customer. URL:

Other - Other Payment Type:

## **Signature Section**

Applicant's signature affirms financial responsibility for and willingness and ability to pay Key Code Media's invoices. Applicant authorizes Key Code Media to obtain information it considers necessary in considering this application. If Key Code Media incurs additional collection costs, the applicant agrees to pay these collection costs, along with attorney's fees. Upon acceptance by Key Code media, this application constitutes a sale and purchase agreement. The information contained in this application is accurate.

Name

Job Title

Signature