

WORD OF MOUTH

Transcription Services

CREDIT APPLICATION

6710 Calhoun Avenue
Van Nuys, CA 91405
Ph: 818.904.9044 Fax: 818.904.9044
Email: womtranscripts@aol.com
Website: www.wordofmouthtranscripts.com

Business Name: _____

Mailing Address: _____ City: _____ State: _____ Zip: _____

Shipping Address: _____ City: _____ State: _____ Zip: _____

Business Phone: _____ Fax: _____

Business Start Date: _____ Corporation () Sole Proprietor () Partnership ()

Owner's Name: _____ Social Security/Tax I.D.# _____

Accounts Payable Manager: _____ Send invoices to AP directly? Yes () No ()

Telephone: _____ Fax: _____

Billing Address (if different): _____

BANK REFERENCES

Name: _____ Phone () _____

Address: _____ City: _____ State: _____ Zip: _____

Account # _____

TRADE REFERENCES

Name	Address/Phone	City/State/Zip
1. _____	_____	_____
2. _____	_____	_____
3. _____	_____	_____
4. _____	_____	_____

We certify that the above information is true and correct, and that we can and will comply with your terms. I/We hereby authorize our bank to release any information necessary to assist in establishing credit. All invoices are Net 15 unless previous arrangements are made. Any invoices not received within 30 days shall accrue a 1.5% per month late fee. Should our account become delinquent, we agree to pay any late charges and, if collection is turned over to a third party, we agree to pay all the fees incurred by **Word of Mouth Transcription Services**, including attorney's fees and court costs.

This document must be signed by the owner or corporate office or other authorized personnel.
****This document must be signed even if alternate credit/reference information is provided.****

(Name: Printed or Typed)

Signature

Title

Date