



# SYNERGY DISTRIBUTION

## Credit Application

### Customer Information

\_\_\_\_\_

Account Number (Credit Dept. Use Only) (Proprietorships only)

Telephone Number \_\_\_\_\_

Attach required organizational documents

- Tax resale certificate
- Proof of Company Structure

Legal Name of Company (hereinafter "The Applicant")

DBA/Trade Name

Actual Physical Street Address / Main Office      City      County      State      Zip

Mailing Address (if different)

Person to Contact Regarding Billing

Telephone #

Fax #

Email Address \_\_\_\_\_

Type of Business: \_\_\_\_\_ Date of Formation: \_\_\_\_\_

Is Company Not-for-Profit?      State of Formation: \_\_\_\_\_

Social Security #: \_\_\_\_\_ Federal Tax ID #: \_\_\_\_\_

Dun & Bradstreet #: \_\_\_\_\_ State Tax Certificate #: \_\_\_\_\_

Charter # of Corporate Organization: \_\_\_\_\_

Tax Exempt #: \_\_\_\_\_ How long in business? \_\_\_\_\_

Gross Sales (most recent taxable year): Music: \$ \_\_\_\_\_ Other: \$ \_\_\_\_\_

Do you own or rent your store? Own Number of stores (if more than one attach list of addresses): \_\_\_\_\_

Street Address of Store(s) (if more than one, please attach list): \_\_\_\_\_

Is property owned by applicant?      Leased?      Date lease expires? \_\_\_\_\_

Liens Held By \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_

# SYNERGY DISTRIBUTION

## Officers, Partners or Proprietor

1. Name \_\_\_\_\_ Corporate Title \_\_\_\_\_  
Home Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Home Phone# \_\_\_\_\_ Social Security # \_\_\_\_\_

2. Name \_\_\_\_\_ Corporate Title \_\_\_\_\_  
Home Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Home Phone# \_\_\_\_\_ Social Security # \_\_\_\_\_

(If more officers/partners, please attach list)

Do you currently or have previously held an account with Synergy Distribution? If yes, Acct

# \_\_\_\_\_

Your average accounts payable aging? \_\_\_\_\_

Are financial statements available? \_\_\_\_\_

Does applicant have any unsatisfied judgments? \_\_\_\_\_

If yes; please explain (add sheets as necessary) \_\_\_\_\_

Has applicant ever filed for bankruptcy? \_\_\_\_\_

If yes; please explain (add sheets as necessary) \_\_\_\_\_

Terms requested: \_\_\_\_\_ COD Company Check \_\_\_\_\_ Credit Terms \_\_\_\_\_

Anticipated Monthly Purchases: \$ \_\_\_\_\_

Will you and/or your company execute a purchase money security agreement secured by a UCC-1

filing: \_\_\_\_\_ A Personal Guarantee?: \_\_\_\_\_

# SYNERGY DISTRIBUTION

## Credit References

### Bank References

List all banks at which applicant has an account. List all accounts at each bank.

• Bank \_\_\_\_\_ Phone # \_\_\_\_\_ Fax # \_\_\_\_\_  
Branch \_\_\_\_\_  
Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Bank Officer \_\_\_\_\_ Checking Acct # \_\_\_\_\_  
Savings Account # \_\_\_\_\_

• Bank \_\_\_\_\_ Phone # \_\_\_\_\_ Fax # \_\_\_\_\_  
Branch \_\_\_\_\_  
Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Bank Officer \_\_\_\_\_ Checking Acct # \_\_\_\_\_  
Savings Account # \_\_\_\_\_

## Trade References

List companies with which you currently conduct business and which can provide credit references regarding acceptance of your checks and extension of credit to you: (include music suppliers)

1. Name \_\_\_\_\_ Phone # \_\_\_\_\_ Fax # \_\_\_\_\_  
Address \_\_\_\_\_ - City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Account # \_\_\_\_\_

2. Name \_\_\_\_\_ Phone # \_\_\_\_\_ Fax # \_\_\_\_\_  
Address \_\_\_\_\_ - City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Account # \_\_\_\_\_

3. Name \_\_\_\_\_ Phone # \_\_\_\_\_ Fax # \_\_\_\_\_  
Address \_\_\_\_\_ - City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Account # \_\_\_\_\_

# SYNERGY DISTRIBUTION

## Certificate and Authorization for Release of Credit Information

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Applicant Company Name (Legal Name and All Trade Names)

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Telephone # \_\_\_\_\_ Fax # \_\_\_\_\_

1. The undersigned hereby certifies on behalf of the applicant that the foregoing statements in this credit application are true and complete and are made for the purpose of determining the applicant's eligibility for credit.
2. The undersigned agrees on behalf of the applicant that (Synergy Dist., Inc.) is authorized to make all inquiries it deems necessary or appropriate to verify the accuracy of the statements made herein and to determine the applicant's credit worthiness, including, but not limited to, procuring credit information from credit reporting agencies, banks and other financial institutions, references, merchants, landlords and other extenders of credit. Further, the undersigned hereby agrees on behalf of the applicant to authorize the release of information from such entities.
3. A service or finance charge of 1.5 % per month will be assessed on all past due accounts. Any amount past due thirty (30) days or more may, at the option of Synergy Dist. Inc., be referred to a collection agency and/or an attorney for collections. The applicant agrees to be responsible for all costs and expenses from the agencies and/or attorneys.
4. The undersigned hereby certifies that he/she is authorized to sign for and to incur debt on behalf of the applicant.

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Name of Business/Applicant (Legal Name and all Trade Names)

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Signature

Title

Date

# SYNERGY DISTRIBUTION

## Terms and Conditions

The Undersigned, individually and as authorized agent for the Applicant, agrees that any credit extended shall be subject to the following terms and conditions, which shall remain in full force and effect until cancelled by the undersigned or the Applicant by a letter to Company by certified mail, return receipt requested:

1. The laws of the State of Colorado shall be applicable to all disputes arising under this Credit Application or as a result of any extensions of credit by Company to the Applicant.
2. The undersigned and the Applicant agree to remit payment for any credit extended at Company principal place of business; and it shall be conclusively presumed that the failure to perform any such obligation shall give jurisdiction to the courts of the State of Colorado. Further, should a dispute arise as a result of the extension of credit, then venue should be in Denver County.
3. All balances which remain unpaid for a period of thirty (30) days shall be subject to a finance charge of 1.5% per month (18% per year) or the maximum allowed by law, whichever is less.
4. In the event that Company must retain the services of an attorney to effect the collection of any monies owed, then the undersigned and the Applicant agree to pay all costs incurred, including reasonable attorney's fees, whether suit is brought or not.
5. The Applicant agrees that any employee of Applicant signing any delivery document provided by Company shall be deemed full authorized on behalf of the Applicant.
6. The undersigned and the Applicant hereby waive the right to trial by jury in any litigation arising from the extension of credit pursuant to this Application for credit. Further, the undersigned and applicant waive all homestead and exemption rights (particularly rights under Florida Statute 222.11 (2) (b))
7. Title to goods furnished to the Applicant pursuant hereto shall remain in Company until said goods are paid in full. Company may repossess any of said goods if not paid for as provided herein. All payments on Applicant's account shall be applied to the oldest unpaid charges appearing upon Company books with reference to Applicant's account.
8. The undersigned agrees to keep the information contained in this Application current and to immediately notify Company of all changes.
9. Credit privileges may be revoked for failure to pay the balance due when required, and may also be revoked for charges in excess of credit limit. Charges in excess of credit limit allowed by Company shall not change these Terms and Conditions.
10. Company may accept late payments, partial payments, or any check or money order marked as being payment in full or as being settlement in full of any dispute without losing any rights hereunder or under law. Acceptance of such payments shall not change these Terms and Conditions in any way.
11. These Terms and Conditions represent the entire contract between the parties, and all parties agree to be bound by these Terms and Conditions. No modification, addition to, or waiver hereof shall be effective unless agreed to in writing by Company.
12. If the financial responsibility of Customer becomes impaired or is deemed unsatisfactory by Company for any reason, or is Customer is in default hereunder, Customer shall provide satisfactory security or advance cash payment on delivery, and delivery may be withheld until such security or payment is received. In the event of Customer's bankruptcy, insolvency or assignment for the benefit of creditors, or Customer's default in payment of any indebtedness to Company, all of Customer's outstanding indebtedness to Company.
13. Sales of all special order goods or merchandise are final. Company may authorize the return of stock goods in its sole discretion, subject to a return charge.
14. Customer agrees that Company will not be bound to any term or condition of any document that is part of Customer's purchase order or buying process.
15. Customer authorizes Company to furnish information about Customer's account to credit reporting agencies and other persons who may lawfully receive information.
16. The signer individually and not in a Corporate or representative capacity, shall be responsible for payment of all NSF checks.

I HEARBY AGREE TO BE PERSONALLY LIABLE FOR ALL DEBTS INCURRED BY THE APPLICANT  
PURSUANT TO THIS CREDIT APPLICATION.

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**Sign As Authorized Agent & Individually**

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**Print your name**

Synergy Distribution, LLC – 98 Wadsworth Blvd #127, PMB 185, Lakewood CO 80226  
Ph: 888-412-6608 – Fax: 888-834-3976 – Email: [sales@synergydistribution.com](mailto:sales@synergydistribution.com) -  
[www.synergydistribution.com](http://www.synergydistribution.com)

# SYNERGY DISTRIBUTION

## BLANKET STATE SALES TAX CERTIFICATE

FIRM NAME \_\_\_\_\_

I HEREBY CERTIFY that I hold valid seller's permit number \_\_\_\_\_

Issued pursuant to the Sales and Use Tax Law and that I am engaged in the business of selling \_\_\_\_\_

\_\_\_\_\_;

that the tangible personal property herein which I shall purchase from SYNERGY DISTRIBUTION will be resold in the form of tangible personal property, provided however, that in the event any such property is used for any purpose other than retention, demonstration, or display while holding it for sale in the regular course of business, it is understood that I am required by State Law to report and pay for the tax as measured by the purchase price of such property.

Description of property to be purchased:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Date Certificate Issued: \_\_\_\_\_

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

City, State, Zip: \_\_\_\_\_

Signature: \_\_\_\_\_

Print Name & Title: \_\_\_\_\_

Phone: (    ) \_\_\_\_\_