



Passion. Partnership. Performance.

**Connolly Music Company, Inc.**  
8 Vernon Valley Road  
East Northport, NY 11731

Phone: 631.757.0110 | Toll Free: 800.644.5268  
Fax: 631.757.0021 www.ConnollyMusic.com

Account Information

Official Company Name: \_\_\_\_\_

Contact Person: \_\_\_\_\_

E-mail : \_\_\_\_\_

Billing Address

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

City: \_\_\_\_\_ ST: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

E-mail: \_\_\_\_\_

Shipping Address (if different from billing)

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

City: \_\_\_\_\_ ST: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Shipping Method: \_\_\_\_\_ Freight Account #: \_\_\_\_\_

Payment Terms:     Charge     COD     Net 30 (Completed credit appl. Required)

Credit Card         Visa         MC         Amex         Discover

Credit Card #: \_\_\_\_\_

Expiration Date: \_\_\_\_\_ Security Code: \_\_\_\_\_

Name on Card: \_\_\_\_\_

(if different from Company Name)

Comments: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Salesperson ID: \_\_\_\_\_

**Credit Application**

Official Company Name: \_\_\_\_\_

Sales Tax ID # (Reseller ID #): \_\_\_\_\_ Federal Tax ID: \_\_\_\_\_

Primary contact: \_\_\_\_\_ DUNS #: \_\_\_\_\_

**Credit Limit Requested:** \$ \_\_\_\_\_

Accounts payable contact: \_\_\_\_\_

Accounts payable e-mail: \_\_\_\_\_

Check one: ( ) Corporation ( ) Partnership ( ) Proprietorship ( ) Subsidiary of or ( ) Division of \_\_\_\_\_

Date Business Started: \_\_\_\_\_

Principal Owners or Stockholders:

Name: \_\_\_\_\_

Name: \_\_\_\_\_

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

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

\_\_\_\_\_

\_\_\_\_\_

Please provide at least 3 credit references (Net or COD):

Name: \_\_\_\_\_

Name: \_\_\_\_\_

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

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

Phone: \_\_\_\_\_ Acct # \_\_\_\_\_

Phone: \_\_\_\_\_ Acct # \_\_\_\_\_

Fax: \_\_\_\_\_

Fax: \_\_\_\_\_

Length of business relationship: \_\_\_\_\_

Length of business relationship: \_\_\_\_\_

Name: \_\_\_\_\_

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

Phone: \_\_\_\_\_ Acct # \_\_\_\_\_

Fax: \_\_\_\_\_

Length of business relationship: \_\_\_\_\_

Terms are net 30 from date of invoice. If any amounts due remain unpaid beyond 30 days, the undersigned agrees to pay a service charge of 1½% per month of the outstanding balance and reasonable attorney fees, collection agency fees, and costs in the event of any action taken to collect such amounts. Any past due balances paid by credit card will be assessed a 3% fee.

The Undersigned acknowledges the above-stated terms and agrees to remit payment in accordance therewith. The undersigned further acknowledges the information above is true and correct. Connolly Music Co. is authorized to investigate relationships with trade suppliers or financial institutions for the purpose of establishing credit. These foregoing payment terms are subject to change without notice based on the creditor's discretion.

Signature of Officer or Principal: \_\_\_\_\_

Printed Name: \_\_\_\_\_

Date: \_\_\_\_\_

Official Company Name: \_\_\_\_\_

**Bank Information:**

Bank Name: \_\_\_\_\_

Contact: \_\_\_\_\_

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

City: \_\_\_\_\_ ST: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Name of Accountholder: \_\_\_\_\_

Account number: \_\_\_\_\_

Checking  Loan  Savings

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To be filled out by bank personnel:

Bank instructions: The accountholder above has listed you as their primary bank. For purposes of granting credit, we ask that you please provide us with the following information at your earliest convenience, via fax, to (631)757-0021. Thank you for your time.

Length of business relationship: ___ 0-3 yrs ___ 3-5 yrs ___ 5 + yrs
Average balance: _____
Number of NSF checks: _____

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I hereby authorize the release of the above information to Connolly Music Company for use in consideration of granting credit.

\_\_\_\_\_  
Accountholder's Signature

PHONE 800.644.5268 | FAX 631.757.0021