

Cable USA, LLC

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Attn: Anna Najera

CREDIT APPLICATION & AUTHORIZATION FOR RELEASE OF INFORMATION - *all information provided will be held in the strictest confidence.*

Date: _____ FEIN: _____ Duns#: _____

Business Name: _____

Billing Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Fax: _____

Check One: _____ Corporation _____ Partnership _____ Sole Proprietorship

Date Business Started: _____ # of Employees: _____ Business Type: _____

President: _____ Vice President: _____

Purchasing Contact: _____ A/P Contact: _____

List Credit References Below (or Attach a Separate Sheet) - Phone, Fax, and Contact should be that of the Credit Department.

Company 1: _____ Phone: _____

Address: _____ Fax: _____

City: _____ State: _____ Zip: _____ Contact: _____

Company 2: _____ Phone: _____

Address: _____ Fax: _____

City: _____ State: _____ Zip: _____ Contact: _____

Company 3: _____ Phone: _____

Address: _____ Fax: _____

City: _____ State: _____ Zip: _____ Contact: _____

Bank Name: _____ Phone: _____

Address: _____ Fax: _____

City: _____ State: _____ Zip: _____ Contact: _____

Checking Account Number (required): _____

Completed By: _____ Title: _____ Date: _____

Authorizing signature for release of information: _____

*****PLEASE INCLUDE A COPY OF YOUR SALES AND USE TAX CERTIFICATE.*** INCOMPLETE APPLICATIONS will delay this review, so PLEASE be sure to include all requested information.*****