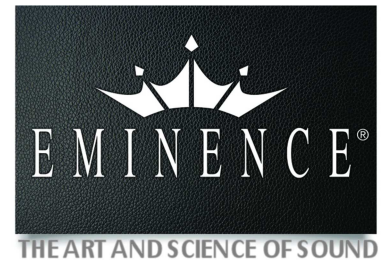


Eminence Speaker LLC

Business Credit Application



Check One: OEM US Distribution

Business Name: _____ Year Est: _____

Street Address: _____

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

Phone: _____ Fax: _____ Email: _____

Type of Business: Sole Proprietor: Partnership: Corporation:

Resale Tax Certification No: _____ (Attach copy and return with application)

TRADE REFERENCES

*** Eminence cannot process this application without email address and fax number for each trade reference.***

1) Reference: _____ Account No: _____

Fax Number: _____ Email: _____

2) Reference: _____ Account No: _____

Fax Number: _____ Email: _____

3) Reference: _____ Account No: _____

Fax Number: _____ Email: _____

4) Reference: _____ Account No: _____

Fax Number: _____ Email: _____

5) Reference: _____ Account No: _____

Fax Number: _____ Email: _____

6) Reference: _____ Account No: _____

Fax Number: _____ Email: _____

I understand and agree that all orders will be considered as Cash-In-Advance until my credit references are researched and credit is granted by Eminence Speaker LLC.

Signature: _____ Title: _____ Date: _____

Eminence Speaker LLC
P.O. Box 360
Eminence, KY 40019
(502) 845-5622 Fax (502) 845-5653

