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CREDIT APPLICATION- ETHERAL HOME THEATER

For purpose of obtaining credit from **ETHEREAL HOME THEATER** and/or any subsidiary of Ethereal Home Theater, the undersigned offers the following as a true and accurate statement and agrees to immediately notify **Ethereal Home Theater**, in writing, of any material changes therein, of ownership, or management of operation of said firm, as well as address/email/telephone changes.

FIRM NAME:			TELEPHONE:	
D/B/A:			FAX:	
ADDRESS:				
CITY:		STATE:	ZIPCODE:	
SHIP TO ADDRESS, IF DIFFER	ENT F	ROM ABOVE:		
CITY:		STATE:	ZIPCODE:	
ETHEREAL CUSTOMER#:		CREDIT L	IMIT REQUESTED:	
EMAIL ADDRESS: PURCHA	SING	CONTACT		
SET UP UPS TRACKING INFO	O No	□ Yes □ Email: _		
□ LIMITED LIABILITY CON □ LIMITED PARTNERSHIP □ PARTNERSHIP □ SOLE PROPRIETORSHIP A. IF A CORPORATION: Na	MPANY	RESALE # FEDERAL ' BUSINESS I address of officers	ame, please include the fictitious business TAX I.D. # START DATE:	
Chairman of the Board's Name				
Home AddressS	State	ZipCode	Telephone	
HomeAddress			Telephone	
Home Address			Telephone	<u> </u>
Secretary/Treasurer's Name		•	•	
		ZipCode	Telephone	-
Accounts Payable Contact - Name Telephone		Email Address		
r				

B. IF A LIMITED LIABILITY COMPANY: (LLC) Names and addresses of partners/members Partner/Member's Name Home Address_____ City _____ State ____ ZipCode _____ Telephone _____ Partner/Member's Name Home Address_____ Home Address City _____State ___ZipCode ____Telephone ____ Partner/Member's Name Home Address_____ State _____ZipCode _____ Telephone ____ City _____ (Please list any other Partners on a separate sheet of paper with the same information above.) C. IF A LIMITED PARTNERSHIP: Partner's Name Home Address_____ City _____ State ___ ZipCode ____ Telephone ____ Partner's Name Home Address_____ City _____ State ____ZipCode _____ Telephone _____ Partner's Name Home Address_____ City _____ State ___ ZipCode ____ Telephone ____ (Please list any other Partners on a separate sheet of paper with the same information above.) D. IF A SOLE PROPRIETORSHIP: Home Address_____ City State ZipCode Home telephone Ε. **TRADE REFERENCES:** (please list five (5) minimum) Business Name: ______Acct#: _____Contact: ____ Acctg Tel # _____ Fax# ____ Email: _____ Business Name: _______Acct#: _____Contact: ______ Tel # ______Fax# _____Email: _____ Business Name: ______Acct#:_____Contact:_____ Tel # ______ Fax# _____ Email: _____ Business Name: _____Acct#:____Contact:_____ Tel # ______ Fax# _____ Email: _____

TC.	DANIZ DEEEL	DENICES.				-Page 3 of 5 -
F.	BANK REFER					
Bank N	Name:			_Account	#:	Email:
Teleph	one#	Fa	ıx#			_ Email:
Bank N	Name:			_Account	#:	Email:
Teleph	one#	Fa	ıx#			_ Email:
G.	ENTITY DOC	UMENTATI	ON (RE	QUIRED)):	
Limite Limite statem All: Pl	orated in. ed Liability Com ed Partnership, I ent.	pany: Please Partnership o py of your res	provide : or Sole P	a copy fro	om secre	etary of state a statement of partners. Exprovide a copy of your fictitious business asiness license (if the city you do business in
H. PA	YMENT TERM	S				
		REMIT PAY	YMENT	TO:	PO BO	CREAL HOME THEATER OX 936931 .NTA, GA 31193-6931
Please	choose ONE me Delivery by mail Email Delivery	through US Pos	stal Servi	ce		
Please	choose ONE me Delivery by mail Email Delivery	through US Pos	stal Servic	ce		
such a days a	s a buyer's order	and receipt a	re payab	ole in 30 d	days of 1	ed upon in writing in other specified instruments receipt. All invoices not paid within thirty (30) to date of delivery. Returned checks are subject
	dersigned agrees the event of any				and cos	at of collection and interest at the maximum legal
and cred	edit reports for th	e purpose of e pay our acco	establishi ounting	ing, maint according	aining o	gent to obtain bank references, credit references or enforcing a credit relationship. Upon approval terms granted and I/We acknowledge that I/We application.
	print full name, t			sign. App	olication	n must be signed by owner, managing partner, or
DATE	D this	day of			, 20_	<u> </u>

Signature

PERSONAL GUARANTEE

This personal guarantee is made for the benefit of, and to obtain credit on a continuing basis from ETHEREAL HOME THEATER. The undersigned hereby guarantees the performance of all obligations including but not limited to payment of all present and future indebtedness to ETHEREAL HOME THEATER or any of it's divisions or subsidiaries whether secured or unsecured and regardless of how the indebtedness is represented or incurred and regardless of prior notice, demand or pursuit of remedies against the party primarily liable. The undersigned consents to any extension or alteration of any obligation and guarantees such without prior notice. This guarantee shall continue in effect until the undersigned arising there under prior receipt of such written notice.

The undersigned hereby authorizes ETHEREAL HOME THEATER or its agent to investigate his/her credit and authorizes any bank, mortgage lender or landlord, credit reference or any other party to release information to ETHEREAL HOME THEATER or its agent, and hold harmless for said disclosure. The undersigned grants a security interest in all goods sold, and agrees to pay reasonable attorney fees and cost of collection and interest at the maximum legal rate in the event of any default under this obligation.

Name:	
Address:	
Social Security #	
Driver's License - State and No:	
Signature:	Date:

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TERMS:

Net 30 days from date of invoice on approved accounts. Minimum order \$50.00

FREIGHT:

Freight on Board (F.O.B.) from point of shipment. Freight will be charged on all drop-shipment orders.

CREDIT:

In order to establish a credit line with Ethereal Home Theater, an application for credit must be submitted listing a minimum of five (5) trade references and bank, including addresses, phone and fax numbers, and must be signed by a principal or authorized officer of the company. We reserve the right to access Experian, D&B and any other credit agencies to secure credit references. A credit line will be established by our credit manager and must be maintained in a current status according to our terms (Net 30 days). Credit not established or revoked requires remittance with order.

CLAIMS:

Title and risk of loss passes to buyer at F.O.B. shipping point and all claims must be filed with carrier. Any discrepancies must be reported to Ethereal Home Theater within 10 days of receipt of shipment.

RETURNS:

All sales are final. No returns or exchanges will be allowed without prior written authorization from Ethereal Home Theater. All returns are subject to a 20% handling charge, must be in saleable condition, and must have been purched WITHIN 60 DAYS OF RETURN REQUEST. No stock balancing permitted. Copies of invoices must be mailed in advance for any return authorization (R.A.)

LIMITED WARRANTY:

Ethereal Home Theater warrants all of its products to be free from defects in material and workmanship for a period of 60 days from date of shipment. Ethereal Home Theater will, at its option, repair, replace, or allow credit on any part which, in Ethereal Home Theater's opinion, is found defective under normal use. Warranty void on any items misused, altered in any way, tampererd with or serviced by anyone other than Ethereal Home Theater. This warranty of merchantability of fitness neither assumess or authorizes any other person to assume for it, any other liability in connection with its products. In no event shall we be liable for any incidental or consequential damages, or do we assume any other liability for any incidental or consequential damages, or do we assume any other liability except provided herein.

BACK-ORDERS:

If an item is temporarily unavailable for immediate shipment. We will back-order the item and ship as soon as possible unless you otherwise advise us to cancel the back-order.

ETHEREAL HOME THEATER RESERVES THE RIGHT TO MAKE CHANGES IN OR DELETIONS OF PRODUCTS OR PRICES WITHOUT PRIOR NOTICE.

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