

MUSICDESIGNSM & NewSound Kids

("Music Design")

A DIVISION OF ALLEGRO CORPORATION

CONFIDENTIAL

CREDIT APPLICATION

Name of Business _____
Billing Address _____
(if PO Box, also give street address) _____

City _____ State _____ Zip Code _____

Phone/Fax _____ / _____

Proprietorship _____ Partnership _____ Corporation _____

If non-profit- Tax Exempt#: _____

How Long in Business? (YY - MM) _____ How long at this address? (YY - MM) _____

Are you registered with Dun & Bradstreet? _____ Rating: _____
How much business (in dollars) do you expect to do with Music Design? Annually _____ Monthly _____
Your annual sales for the past fiscal year _____ your current level of Equity Capital _____

Credit Card Information (provider): _____

Name on card: _____ Card number: _____

Exp. (MM/YY) _____ Security # _____

1) Bank References: PLEASE PROVIDE FAX NUMBERS FOR FASTER PROCESSING

Bank name _____ Branch location _____

Phone/Fax _____

How long doing business with this bank? _____ years _____ months Checking Account # _____

2) Trade References: PLEASE PROVIDE FAX NUMBERS FOR FASTER PROCESSING!

a) Name _____ Account # _____ Phone/Fax _____ / _____

Address _____ City _____ State _____ Zip Code _____

b) Name _____ Account # _____ Phone/Fax _____ / _____

Address _____ City _____ State _____ Zip Code _____

c) Name _____ Account # _____ Phone/Fax _____ / _____

Address _____ City _____ State _____ Zip Code _____

Officers/Partners: Please list home addresses, and phone numbers of two key officers:

1) Name _____ Title _____ Phone _____

Address _____ City _____ State _____ Zip Code _____

2) Name _____ Title _____ Phone _____

Address _____ City _____ State _____ Zip Code _____

If credit is granted (I) (we) promise to pay bills when due, in accordance with the credit terms stated on each invoice. In the event payment is not made Allegro Corporation has a right to charge your card if amounts due Allegro are not paid in accordance with (my)(our) due dates; or, if (my)(our) account is referred to a collection agency, (I)(we) will pay all costs of collection. If legal action is required (I)(we) will pay all attorney's fees and costs resulting from such action. (I)(We) authorize the above Bank(s) and trade references to release to Allegro Corporation any credit or financial information that Allegro Corporation may request and further agree, if Allegro Corporation grants credit, to comply with the above terms of credit.

Name (Print) _____ Title _____

Signature _____ Date _____

Music Design & NewSound Kids

A Division of Allegro Corporation

Corporate Headquarters:

Allegro Corp. 20048 NE San Rafael Street • Portland, Oregon 97230 • 1-800-288-2007 • Fax: (503) 257-9061

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BANK INFORMATION RELEASE FORM

To Whom It May Concern:

In order for our company to establish credit with Music Design, they require the following information. Please complete this form and return it to Allegro Corporation, 20048 NE San Rafael Street, OR 97230 or fax it to (503) 257-9061. Thank you.

NAME OF COMPANY: _____

CUSTOMER CONTACT: _____

TITLE: _____

BANK ACCOUNT NO(s): _____
(please provide all account numbers)

SIGNATURE (IMPORTANT!): _____

Bank Information

Bank Name: _____

Bank Contact Name: _____

Address: _____

City, State, and Zip: _____

Phone/Fax: _____

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Bank Must Complete the Following

Account Information

Type of Account(s): _____

Date Account(s) was/were Opened: _____

Average High and Low Balance(s): _____

Status of Account(s): _____

Loan Information

Account Status: Current _____

Non-Current _____

Length of Term: _____ Months

Months Remaining: _____ months

Overall Customer Rating

(Circle One)

Excellent

Good

Fair

Poor

Bank Official: _____

Signature: _____ Date: _____

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