



2412 Lynx Lane
Orlando, Florida 32804
407.956.5900 ☎ 407.956.5927 Fax
www.cgxradios.com



Credit Application

Rep Name	Christy Associates Ron Wallace Associates Brand Spec		
Account Name			
Billing Address			
City, State, Zip			
Shipping Address			
City, State, Zip			
Phone		Fax	
	Name	Email	
Primary Contact			
President / CEO			
Purchasing Contact			
Accounting Contact			
Additional Contact			
Purchase Order Required?			

Company Financial Information

☐ **Corporation** ☐ **Partnership** ☐ **Proprietorship**

☐ **Public** ☐ **Private** ☐ **Small Business** ☐ **Disadvantaged Business**

Incorporated under the State laws of _____

Federal ID # _____ Type of Business _____

Please attach a current Florida Annual Resale Certificate for Sales Tax in order to be exempt from sales tax.



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Credit References

Bank Reference

Address	City, State, Zip Code
Contact	Phone Number Fax #
Account Number	Type of Account

Trade Reference

Contact	Phone Number
Account Number	Fax #
E-mail Address	

Trade Reference

Contact	Phone Number
Account Number	Fax #
E-mail Address	

Trade Reference

Contact	Phone Number
Account Number	Fax #
E-mail Address	

.....
I (we) agree that:

The information provided is for the purpose of obtaining credit and is warranted to be true.
A representative of Christy Distribution Center, Inc. dba CGX Radios, dba ChannelGistix is authorized to investigate the references listed as they pertain to my (our) credit and financial responsibility. The terms of sale are net 30 days from the date of each invoice. All payments received after 30 days shall be subject to a finance charge at the rate of 1.5% per month or any lesser charge reflecting the maximum amount legally permissible.

The undersigned agrees and understands that should collection of this account require litigation that Christy Distribution Center, Inc. dba CGX Radios, dba ChannelGistix may elect judicial proceedings and you will pay reasonable court costs and attorney fees as permitted by law.

Authorized Signature _____ Title _____

Printed Name _____ Date _____

Please note that the credit application must be signed by an officer of the company applying, and all information included herein will be kept confidential.