

PREMIER



MEDIA GROUP

credit application

Customer Name _____

Company Name _____

Address _____

Home Phone _____ Business Phone _____

Fax _____ Email Address _____

(PLEASE CIRCLE ONE)

Sole Prop.

Partnership

Corporation

Personal

(IF PERSONAL)

(IF BUSINESS)

Driver's License No. _____ D&B Number _____

Bank Name _____

Bank Contact _____

Bank Address _____

Bank Phone Number _____ Account Number _____

Trade References:

1) Name _____

Address _____

Phone Number _____ Fax Number _____ Account Number _____

2) Name _____

Address _____

Phone Number _____ Fax Number _____ Account Number _____

PREMIER MEDIA GROUP

credit application

Trade References:

3) Name _____

Address _____

Phone Number _____ Fax Number _____ Account Number _____

4) Name _____

Address _____

Phone Number _____ Fax Number _____ Account Number _____

The undersigned shall pay for said balance of purchases within a 30 day billing period from date of invoice (Net 30 Days). Such credit terms are extended shall be expressly approved in writing by Premier Media Group. In the event the undersigned shall default under the agreement, then in such event, Premier Media Group shall have full rights to demand immediate payment of all sums due to Premier Media Group including collection fees, attorney fees, 18% annual rate after 30 days, and any other fees associated with collection of the funds due. The undersigned gives to Premier Media Group expressed permission to check with appropriate agencies for credit worthiness. I have read and agree to the terms and conditions as stated on this application.

Date _____ Printed Name _____

Signature _____ Title _____