



**APPLICATION FOR CREDIT**

Firm Name \_\_\_\_\_ D.B.A. \_\_\_\_\_ Date \_\_\_\_\_

Address \_\_\_\_\_  
Street City State Zip

Billing Address \_\_\_\_\_  
Street City State Zip

Person to contact regarding accounts payable \_\_\_\_\_ Phone \_\_\_\_\_ Fax \_\_\_\_\_

Type of Business (must fill in) \_\_\_\_\_ How long in business (must fill in) \_\_\_\_\_

Corporation  Partnership  Proprietorship  Taxable  Nontaxable (if nontaxable, complete exemption certificate)

**OFFICERS/PRINCIPALS OF FIRM**

1. \_\_\_\_\_  
Name Street City State Zip Phone S.S.#

2. \_\_\_\_\_  
Name Street City State Zip Phone S.S.#

3. \_\_\_\_\_  
Name Street City State Zip Phone S.S.#

Business Bank \_\_\_\_\_ Phone \_\_\_\_\_ Fax \_\_\_\_\_ Contact \_\_\_\_\_

Bank Address \_\_\_\_\_ Account # \_\_\_\_\_

Do you have a borrowing relationship?  Yes  No

**CREDIT REFERENCES—TRADE** (local references preferred; omit phone, oil and gas company, and personal credit cards)

1. \_\_\_\_\_  
Name of Firm Phone Contact name Fax

2. \_\_\_\_\_  
Name of Firm Phone Contact name Fax

3. \_\_\_\_\_  
Name of Firm Phone Contact name Fax

Amount of credit requested per month: \$ \_\_\_\_\_

**CREDIT AGREEMENT**

Customer verifies that the above information is true and correct and hereby grants permission for any person to furnish to Media Fast information which may be requested. Customer also agrees to pay for any and all deliveries under and pursuant to its accounts, whether ordered by the customer or by any person representing himself/herself to be an agent, employee or representative of the company. The undersigned agrees to pay all invoices within terms to be set forth by Media Fast; past due thereafter. Past due accounts are subject to a late-payment charge of 2% per month (24% annually). Purchaser agrees to pay in accordance with the foregoing terms of sale and further agrees to pay all collection costs and attorney's fees necessary to collect past-due amounts, as permitted by law.

The undersigned PERSONALLY GUARANTEES and PERSONALLY ASSUMES full and ultimate responsibility for payment of all invoices generated under the terms and conditions outlined above, even if company dissolves or is bankrupt. **Signature X** \_\_\_\_\_

**I UNDERSTAND AND AGREE TO THE ABOVE TERMS. You MUST be an officer or principal to sign.**

Signature **X** \_\_\_\_\_ Title \_\_\_\_\_

Name (print) \_\_\_\_\_ Date \_\_\_\_\_

**APPLICATIONS NOT SIGNED AND COMPLETED IN FULL WILL NOT BE CONSIDERED FOR CREDIT AND WILL BE RETURNED**

Office use only: Received \_\_\_\_\_ Date Opened \_\_\_\_\_ Account No. \_\_\_\_\_