

Company Name _____

Contact _____

Business Address _____ City _____ State _____ Zip _____

Billing Address if different from above _____

Business Telephone _____ Business Fax _____

Email Address _____ URL/Web Address _____

Type of Business _____ Type of Ownership: Corporation Partnership Individual

Year Established _____ Year Incorporated _____ Fed. Tax # _____

Tax Exempt? Yes No (If yes, please furnish tax exempt form)

Name(s) of Proprietor/Partner, if corporation President/Treasurer:

Name _____

Phone Number _____

Individual to contact regarding payment _____

Individual(s) that will be ordering _____

Banking References:

1.) Branch _____

Type of account and # _____

Address _____ Telephone _____

2.) Branch _____

Type of account and # _____

Address _____ Telephone _____

Trade References:

1.) Name _____

Address _____ City _____ State _____ Zip _____

Telephone _____ Fax _____

2.) Name _____

Address _____ City _____ State _____ Zip _____

Telephone _____ Fax _____

The above information is for the purpose of obtaining credit and is warranted to be true. I/we hereby authorize Master Media Group to investigate the references listed pertaining to my/our credit and financial responsibility. I/we agree to abide by the terms and conditions for payment to Master Media Group – Net 15 days. A charge of 1.5% per month (annual percentage rate of 18%) will be applied to all past due balances. In the event that any account I/we have with Master Media Group becomes delinquent to the point that Master Media Group must take legal action to collect payment, and if judgment in such a case is awarded to Master Media Group, I/we hereby agree to pay all legal fees incurred by Master Media Group that pertain to their specific case against me/us.

Name (Print) _____ Title _____

Signature (Required) _____ Date _____