

Total Media, Inc.
 295 North Street Unit 5
 Teterboro, NJ 07608
 Ph: (201) 393-8989
 Fx: (201) 393-8977

Credit Application

Billing Information

Legal Name for Billing		Phone	
Billing Address:		Fax#:	
City:	St:	Zip:	E-mail:
Nature of your business:			

Shipping Information (If different from above or if your billing address is a P.O. Box)

Name	Address:
City:	St:
	Zip:

Company Information

Type of Business: Corporation Partnership Proprietorship

State of Incorporation or Partnership: **Year Business Started**

Proprietor, Partners or Officers:

Name:	Social Security #:
<input type="text"/>	<input type="text"/>
Name:	Social Security #:
<input type="text"/>	<input type="text"/>
DUNS #:	Resale Certificate
<input type="text"/>	<input type="text"/>

Credit Line Requested *(Please include a completed resale form with this)*

Prior Legal Name (if any)

Accounts Payable Manager **A/P Phone # w/ext.**

Vendor References (Please include Phone & FAX numbers) **NOTE:** No phone Electric or Landlords

"We reserve the right to judge the accuracy, reliability and significance of the references supplied. We reserve the right to accept or reject these references and/or their comments, at our sole discretion."

	Company Name	Credit Contact	Phone #	Fax#
1.	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
2.	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
3.	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Bank Reference Please provide Bank Name Address Account # And Contact

1.

I hereby warrant that the information contained in this credit application and all the financial information supplied to Total Media, Inc., at any time is true and correct, and is furnished for the purpose of obtaining credit from Total Media, Inc. I hereby authorize Total Media, Inc., to contact the bank and references listed herein in connection with this application. Applicant acknowledges that the business relationship between the parties shall be governed by the terms and conditions contained in Total Media's invoices, price lists and any other commercial forms and agreements. Specifically, the undersigned agrees to pay within Total Media's terms (30 days), and agrees to pay a 1 1/2% per month service charge on past due balances over thirty (30) days. The undersigned hereby agrees to pay Total Media all expenses, including 25% collection agency and/or attorney's fees, incurred by Total Media in connection with the collection of any amounts due hereunder.

Signature	<input type="text"/>	Title	<input type="text"/>	Date	<input type="text"/>
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