

CREDIT APPLICATION

Company Name _____ Est. Date _____

Billing Address _____ City/ State _____ Zip _____

Physical Address _____ City/ State _____ Zip _____

Phone # (____) _____ Fax (____) _____

Type of Business _____

Corporation Partnership Sole Proprietorship Non-Profit Organization Government

Name & Title of Officers of Corporation _____

Federal ID# (or SSN# if Sole Proprietor) _____ Dunn & Bradstreet # _____

Home Office Address (If Branch or Division) _____

Home Office Phone _____

Tax Exempt Yes No

Tax Exemption Certificate (Not Permit) Must Accompany this Application

Purchase Order Required Yes No

Contact Person _____

Please List Three Credit References:

| Name | Business | Phone |
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The information provided is for the purpose of establishing an open line of credit with Signature Media Solution, Ltd. Signature Media Solutions, Ltd. is authorized to make any necessary inquiries according to the Fair Credit Reporting Act, U. S. Law 91-508 (15USC1681). I certify that the information disclosed is correct, and that I have the authority to incur liabilities on behalf of the company. I understand that the payment terms are Net 30.

Signature

Date

PLEASE FAX THE COMPLETED FORM TO 713-956-2270

FOR OFFICE USE ONLY

CUSTOMER # _____ SALES PERSON # _____ ENTERED BY _____

DATE _____ CREDIT \$ _____