



e-k media

The only disc and tape replication center you'll ever need

Credit Application

Company Name _____ Federal I.D.# _____

Presidents Name _____ Social Security# _____

Address _____ City _____ State/Zip Code _____

Amount of credit _____ Tax Exempt# _____ Date of Incorporation _____

Phone# _____ Fax# _____

Bank Information

Bank Name _____ Contact person name _____

Address _____ City _____ State/Zip Code _____

Account # _____ Bank Phone # _____

Trade References

Company Name _____ Contact Name _____

Address _____ City _____ State/Zip Code _____

Phone# _____ Fax# _____

Type of business conducted _____

Address _____ City _____ State/Zip Code _____

Phone# _____ Fax# _____

Type of business conducted _____

Company Name _____ Contact Name _____

Address _____ City _____ State/Zip Code _____

Phone# _____ Fax# _____

Type of business conducted _____

Terms: Invoices not paid within 30 days of invoice date will be assessed at 1.5% per every month past due. All accounts over 30 days will automatically be shipped on a C.O.D. basis and relinquishes their privilege to credit until satisfactory credit is restored. I/We understand and agree that to information provided is for the purpose of obtaining merchandise and or services on credit. I/We further understand and agree that all accounts or monies due to E-K Media, Inc. shall be paid in accordance with the credit terms stated above and agree to pay all reasonable costs of collection, in addition to any court costs and/ or attorney fees incurred. I/We authorize investigation of all references listed in this application. I/We do hereby guarantee payment, as individuals, of any indebtedness incurred by virtue of any and all credit extended in accordance with the above agreement and all of its terms and conditions.

Signed _____ Title _____

Printed _____ Date _____