

CREDIT APPLICATION



1. CUSTOMER INFORMATION:

COMPLETE FIRM LEGAL COMPANY NAME: _____

MAILING ADDRESS: _____

STREET ADDRESS: _____

CITY, STATE, ZIP: _____

CONTACT/TITLE: _____

TELEPHONE NUMBER: _____ FEDERAL TAX

ID: _____

TYPE OF ACCOUNT: ADVERTISING AGENCY _____ MEDIA BUYING SERVICE _____

DIRECT ADVERTISER: _____

2. DESCRIPTION OF BUSINESS:

DESCRIPTION/CATEGORY OF BUSINESS: _____

OTHER NAMES DOING BUSINESS UNDER: _____

YEARS IN BUSINESS: _____ MONTH/YEAR OF INCORPORATION: _____ / _____

STATE OF INCORPORATION: _____ TYPE OF BUSINESS: CORPORATION _____ LLC _____

PARTNERSHIP: _____ PROPRIETORSHIP: _____

3. PRINCIPAL OWNERS, PARTNERS, OFFICERS:

NAME: _____ TITLE: _____

ADDRESS: _____ CITY, STATE, ZIP: _____

TELEPHONE: _____ FAX: _____

NAME: _____ TITLE: _____

ADDRESS: _____ CITY, STATE, ZIP: _____

TELEPHONE: _____ FAX: _____

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4. CREDIT REFERENCES

List Two Media Credit References:

Name: _____ Title: _____
Address: _____
City, State, Zip: _____
Telephone: _____ Fax: _____

Name: _____ Title: _____
Address: _____
City, State, Zip: _____
Telephone: _____ Fax: _____

5. List Two Non-Media Credit References:

Name: _____ Title: _____
Address: _____
City, State, Zip: _____
Telephone: _____ Fax: _____

Name: _____ Title: _____
Address: _____
City, State, Zip: _____
Telephone: _____ Fax: _____

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6. Customer Signature

THE UNDERSIGNED UNDERSTANDS THAT ALL PRO BROADCASTING, INC. WILL RELY ON THE FORGOING FOR THE PURPOSES OF PROVIDING SERVICES ON CREDIT AND HEREBY CERTIFIES THAT ALL STATEMENTS AND INFORMATION HERIN ARE TRUE AND COMPLETE. THE UNDERSIGNED AUTHORIZES ALL PRO BROADCASTING, INC. TO MAKE INQUIRIES AND OBTAIN INFORMATION NECESSARY AND REASONABLE CONCERNING ANY STATEMENTS OR REQUESTS MADE AND FURTHER AUTHORIZES THE RELEASE OF ANY INFORMATION BY ANY PARTY CONTACTED IN RELATION TO SUCH REQUEST.

7. In consideration of your extension credit to us, we further agree that:

1. PAYMENT WILL BE MADE IN ACCORDANCE WITH YOUR STANDARD TERMS OF NET DUE 30 DAYS OF INVOICE DATE.
2. IN THE EVENT OF DEFAULT OR NON-PAYMENT, WE AGREE TO PAY ALL COLLECTION COSTS OF COLLECTION AGENCY OR ATTORNEY AS INCURRED.

SIGNATURE: _____

PRINT NAME: _____

TITLE/POSITION: _____

DATE: _____

DATE: _____

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