



Media Group, Inc.
3245 Peachtree Pkwy, Suite D-452
Suwanee, GA 30024
V678-475-3445

CREDIT APPLICATION

CO. NAME: _____

ADDRESS _____

PHONE _____ FAX _____

CORPORATION _____ PARTNERSHIP _____ PROPRIETORSHIP _____ STATE _____

OWNERS/OFFICERS WITH TITLES

DO YOU USE PURCHASE ORDERS? _____ YES _____ NO

PERSONS AUTHORIZED TO PLACE ORDERS _____

PURCHASING CONTACT _____ PAYABLES CONTACT _____

DUN & BRADSTREET # _____ FED ID#/SSN# _____

TAX ID# _____ FINANCIAL STATEMENTS AVAILABLE? _____ YES _____ NO

BANK REFERENCE

NAME _____ CONTACT _____

ADDRESS _____

PHONE # _____ ACCT #'S _____

TRADE REFERENCES (NAME, ADDRESS, PHONE, CONTACT)

1. _____
2. _____
3. _____
4. _____

I CERTIFY THAT ALL OF THE INFORMATION ON THIS FORM IS CORRECT. I AGREE TO PAY FOR ALL GOODS AND SERVICES PROVIDED BY MEDIA GROUP WITHIN NET 30 DAY TERMS. THE UNDERSIGNED OFFICIAL HEREBY PERSONALLY GUARANTEES THE COMPANY'S CREDIT.

AUTHORIZED SIGNATURE: _____ TITLE: _____ DATE: _____

MY SIGNATURE BELOW AUTHORIZES MEDIA GROUP TO CONTACT ANY BANKS AND/OR TRADE REFERENCES LISTED SOLELY FOR THE PURPOSE OF OBTAINING CREDIT INFORMATION. PLEASE SIGN AUTHORIZING BANK TO RELEASE INFORMATION TO MEDIA GROUP, INC.

AUTHORIZED SIGNATURE: _____ TITLE: _____ DATE: _____