



CREDIT APPLICATION

Please fax the completed form to 949-916-8242

(Top section must be completed or application will not be processed)

Company Name: _____

Billing Address: _____

City: _____ State: _____ Zip: _____

If different; Shipping Address: _____

City: _____ State: _____ Zip: _____

Type of Business _____ Date Established: _____

Federal ID: _____ Dun and Bradstreet Number: _____

Type of Entity: () Proprietorship () Partnership () Corporation () Other _____

If Incorporated:

State of incorporation _____ Year of Incorporation _____

Number of Employees _____ Annual Sales: _____

Web Address: _____ E-mail Address: _____

KEY MANAGEMENT

TITLE

PERCENTAGE OWNERSHIP

Bank: _____ Address: _____ City: _____

State: _____ Zip Code: _____ Phone: _____ Fax: _____

Account Number _____ Contact Person: _____

Three Trade References, Addresses, and Phone numbers:

1.) _____

2.) _____

3.) _____

Estimated Monthly Purchases _____ Credit Line Required _____

The above information is provided for the purpose of extending credit to our company on terms of net 30 days set by The Outdoor Media Group. To the best of our knowledge and belief, the information is accurate and may be relied upon in making your credit decision. We authorize our bank and suppliers to furnish you any information necessary to complete your evaluation of our credit history.

Signature: _____ Title: _____ Date: _____

(Signature must be by official with bank signature authority)