



# APPLICATION FOR CREDIT

ALL INFORMATION IS REQUIRED, AND WILL BE KEPT STRICTLY CONFIDENTIAL

|                     |                           |                             |                       |
|---------------------|---------------------------|-----------------------------|-----------------------|
| <b>DEMOGRAPHICS</b> | Company _____             | Contact _____               | Title _____           |
|                     | Street address _____      | City _____                  | State _____ Zip _____ |
|                     | Mailing address _____     | City _____                  | State _____ Zip _____ |
|                     | Telephone ( _____ ) _____ | Fax Number: ( _____ ) _____ |                       |

|  |   |
|--|---|
| <b>BUSINESS INFORMATION</b>                            | This application is for: <input type="checkbox"/> Individual <input type="checkbox"/> Partnership <input type="checkbox"/> Corporation      Sales Tax # _____ |
|  | Nature of business _____      Established _____   |
|  | Are you listed with Dun and Bradstreet? _____      Is your organization exempt from paying Texas Sales Tax? _____   |
|  | If Corporation: Title of Corporation _____  |
|  | Name and address of partners, associates, parent or affiliated company _____  |
|  | List name(s) of individual(s) authorized to charge on this account: _____   |
| Are purchase orders required on this account? _____    |   |
| How did you learn about <b>ADP Media Group</b> ? _____ |   |

|                 |  |
|-----------------|--|
| <b>PERSONAL</b> | Owner's name(s) _____  |
|                 | Owner's social security(s) _____      Home phone ( _____ ) _____           |
|                 | Owner's home address _____      City _____      State _____      Zip _____ |

|             |  |
|-------------|--|
| <b>BANK</b> | Bank name _____      Account#(s) _____                             |
|             | Bank address _____      City _____      State _____      Zip _____ |
|             | Bank officer _____      Telephone ( _____ ) _____                  |

|                          |                           |                           |
|--------------------------|---------------------------|---------------------------|
| <b>CREDIT REFERENCES</b> | <b>1 TRADE REFERENCE:</b> | <b>2 TRADE REFERENCE:</b> |
|                          | Name _____                | Name _____                |
|                          | Address _____             | Address _____             |
|                          | City, State, Zip _____    | City, State, Zip _____    |
|                          | Telephone ( _____ ) _____ | Telephone ( _____ ) _____ |
|                          | Account # _____           | Account # _____           |

*Applicant certifies that the above information is true and correct to the best of his/her knowledge, and that all information on this form will be verified. I/We understand that the information furnished you on this page is for the purpose of obtaining business credit from your firm, and that I am/we are authorized, in my/our capacity to bind my/our firm accordingly. All charges, invoices, and payments are due and payable in Fort Worth, Tarrant County, Texas. **Terms: Net 30 Days.** In consideration of extension of credit, I/we agree to pay service charges at the rate of 1.5% per month (18% per year) on all past-due accounts. Payments made on past-due accounts will be applied to service charges first and the balance applied to principal. Should action be required to enforce payment of any past-due amounts, I/we agree to pay all costs, including but not limited to, court costs, attorney's fees and collection agency charges, which may be incurred or expended.*

Signature \_\_\_\_\_ Title \_\_\_\_\_ Date \_\_\_\_\_

|                                 |   |  |              |                              |                  |              |  |  |  |  |  |  |  |
|---------------------------------|---|--|--------------|------------------------------|------------------|--------------|--|--|--|--|--|--|--|
| <b>OFFICE<br/>USE<br/>ONLY:</b> | 1 |  | <b>APVD?</b> | <input type="checkbox"/> YES | <b>ACCT. NO.</b> |              |  |  |  |  |  |  |  |
|                                 | 2 |  |              | <input type="checkbox"/> NO  |                  | <b>TYPE:</b> |  |  |  |  |  |  |  |
|                                 |   |  |              |                              |                  |              |  |  |  |  |  |  |  |
|                                 |   |  |              |                              |                  |              |  |  |  |  |  |  |  |
|                                 |   |  |              |                              |                  |              |  |  |  |  |  |  |  |

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