

CONFIDENTIAL CREDIT APPLICATION

Legal Name: _____ Federal TIN : _____

Trade Name(s)(dba): _____

Check One: Individual/Sole Proprietorship Partnership Corporation Other: _____

Description of Business: _____

Street Address: _____

Billing Address: _____

(If different than street address)

Year Established: _____ Phone Number: _____ Fax Number: _____

Accounts Payable Contact Name: _____ Phone: _____

DUNS Number: _____ California Resale # _____
(if applicable, signed Blanket Certificate of Resale required)

Names of Principal Officers, Partners, Owners:

Name: _____ Title: _____ % of Ownership _____

Name: _____ Title: _____ % of Ownership _____

Name: _____ Title: _____ % of Ownership _____

Credit Line Requested Total: \$ _____ Terms Requested: (Circle one) Net: 15 days 30 Days

(Do not write in this box, DCA use only)

Approved by: _____ Date: _____ Terms: _____

Notes: _____

CONFIDENTIAL CREDIT APPLICATION (continued)

U.S. TRADE REFERENCES

*NOTE: If you attach your references separately, please remember to sign the agreement on Page 3.

1. Company Name _____	Phone _____
Address _____	Fax # _____
_____	Contact Name _____
2. Company Name _____	Phone _____
Address _____	Fax # _____
_____	Contact Name _____
3. Company Name _____	Phone _____
Address _____	Fax # _____
_____	Contact Name _____
4. Company Name _____	Phone _____
Address _____	Fax # _____
_____	Contact Name _____
5. Company Name _____	Phone _____
Address _____	Fax # _____
_____	Contact Name _____

BANK REFERENCES

1. Bank Name: _____	Branch: _____	Account #: _____
Street Address: _____		
Contact Name: _____	Phone: _____	Fax: _____
2. Bank Name: _____	Branch: _____	Account #: _____
Street Address: _____		
Contact Name: _____	Phone: _____	Fax: _____

CONFIDENTIAL CREDIT APPLICATION (continued)



AUTHORIZATION TO RELEASE FINANCIAL INFORMATION

The information in this application and all financial statements submitted in connection herewith is for the purpose of obtaining credit and is represented by the applicant to be true and complete. The applicant authorizes DCA Media Solutions to investigate all credit references, bank references and any other matters pertaining to its financial responsibility. **The undersigned authorizes its bank(s) and trade creditors to submit complete information for the purpose of credit evaluation.**

Company: _____

Date: _____ Signed:* _____ Title: _____

Print Name: _____

*Authorized Signer must be an officer, partner or sole proprietor