



Application For Credit

Please provide the following information so that we may establish an open credit account for you.

Name of Firm or Individual: _____

Billing Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Fax: _____

Accounting Contact: _____ Direct Number: _____

E-Mail: _____ E-mail Invoices to this address? Yes No

Purchasing Contact: _____ Direct Number: _____

Please Select One:

Corporation

Limited Liability

Partnership

Individual

EIN/Tax ID Number (if corporation)/Social Security Number (if individual):

For Florida customers, are you registered to collect sales tax in the state of Florida?

Yes No If yes, please send a copy of your Florida Sales Tax Certificate with this application.

Credit References:

1. _____
Vendor Name Phone Number Fax Number Account Number

Address Attention City State Zip

2. _____
Vendor Name Phone Number Fax Number Account Number

Address Attention City State Zip

Bank Reference:

1. _____
Bank Name Phone Number Account Number

Address City State Zip Code

I affirm that the above information is correct to the best of my knowledge. I also agree and understand the Express Radio Inc. credit terms and agree to the proper payment in consideration of extended credit. I understand that if my account does fall past due that I am liable for a 1.5% per month finance charge and that my account is subject to further collections activity.

Signature: _____

Date: _____



Financial Information Release

I hereby grant permission and authorize any bank, building association, employer, insurance company, merchant, government agency or any financial institution of any kind or character to disclose full information as to my bank accounts, outstanding balances both past and present, payment records and payment terms to Express Radio Inc.

Signature: _____

Print: _____

Company (if applicable): _____

Date: _____