

Master Communications New Account & Credit Application

Business Name: _____

Mailing Address: _____

Street Address: _____

Telephone: () _____ Fax: () _____

Email Address: _____ Website URL: _____

Type of Business Structure: Corporation [] Partnership [] Sole Proprietorship [] LLC []

Type of Business: Bookstore [] Video Store [] Mail Order/Consumer Catalog [] Internet Retailer []

Wholesaler [] Specialty(Toy) Store [] School Supply Store [] Mail Order/Schools & Libraries Catalog []

If Mail Order, please list number of editions per year: _____ Circulation: _____

State and Date Incorporated _____ Number of Years in Business: _____

Name of Owner(s) or Officers: _____

Home Address: _____

Business Bank Account:

Bank Name/Branch: _____

Street: _____

City/State/Zip: _____ Phone: _____

Checking Account Number: _____ Person to Contact: _____

Credit References

(Please supply the Name, complete address and account number of major suppliers with whom credit has been established.)

1. Name: _____

Address: _____

Phone: _____ Fax: _____ Email: _____

Acct. Number: _____

2. Name: _____

Address: _____

Phone: _____ Fax: _____ Email: _____

Acct. Number: _____

3. Name: _____

Address: _____

Phone: _____ Fax: _____ Email: _____

Acct. Number: _____

Federal ID# _____ State Resale # _____

Dun and Bradstreet listed? Yes ____ No ____ D & B Number _____ NSSEA Member? _____

The undersigned certifies all the information in this credit application is true and correct and has the authority to enter into this credit agreement. It is understood this information maybe used to determine eligibility for credit. I specifically authorize the aforementioned bank and the trade references to release information concerning the checking account and credit information.

Signature _____ Date _____

Master Communications, Inc.

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