

Company Information

CONFIDENTIAL CREDIT APPLICATION

Company		Date	
Street		DUNS #	
City		Phone	
State/Zip		Fax	
Taxable	Yes / No (If No, Attach Certificate)	Parent Co	
Bus Type	Corporation / Partnership / Individual	Street	
Start Date		City	
Pres/Owner		State/Zip	

Bank References

Bank Name		Bank Name	
Street		Street	
City		City	
State/Zip		State/Zip	
Phone		Phone	
Fax		Fax	
Account #		Account #	
Contact		Contact	
Years Used		Years Used	

Trade References

Name		Name	
Street		Street	
City		City	
State/Zip		State/Zip	
Account #		Account #	
Phone		Phone	
Fax		Fax	

Name		Name	
Street		Street	
City		City	
State/Zip		State/Zip	
Account #		Account #	
Phone		Phone	
Fax		Fax	

I certify that the above information is true and correct to the best of my knowledge and that if the foregoing application is made on behalf of a corporation that I am authorized to sign this application.

Name _____

Signature _____

Title/Date _____

Please complete and return to:

TV One Multimedia

1350 Jamike Dr.

Erlanger, KY 41018

Attn: Credit Manager

Phone 859-282-7303

Fax 859-282-8225