



10 Iron Trail Road
Biddeford, ME 04005

Tel.: 207-286-3000
Fax.: 207-286-2338

**Application
For Credit**
Commercial Account

NEW ACCOUNT INFORMATION

COMPANY NAME

Street Address: _____

City and State: _____ Zip: _____

Billing Address (If different): _____

City and State: _____ Zip: _____

Telephone: _____ Fax: _____

Bookkeeper or Accounts Payable Manager: _____

D&B Account Number

Will Purchases be Tax Exempt? Yes No If Yes, State Tax No.

Note: You must send a copy of either tax-exempt Or Resale Certificate

INFORMATION ABOUT YOUR FIRM

Year Established: _____ Number of Employees: _____ Line of Business: _____ Sales Volume: _____

Entity: Sole Proprietorship Partnership Non-Profit Organization Private Public
 Corporation Year Incorporated: _____ State Incorporated: _____

INDIVIDUAL OWNER, PARTNERS OR OFFICERS

- 1. Name _____ Title _____
- 2. Name _____ Title _____
- 3. Name _____ Title _____
- 4. Other _____

BANKING REFERENCES

BANK NAME

Branch Address _____

Officer or Contact _____ Telephone () _____

Type of Account _____ Account No. _____

Type of Account _____ Account No. _____

TRADE REFERENCES

1. Company _____
Address _____
City & State _____
Zip Code _____
Fax # _____
Email _____
Telephone # _____

2. Company _____
Address _____
City & State _____
Zip Code _____
Fax # _____
Email _____
Telephone # _____

3. Company _____
Address _____
City & State _____
Zip Code _____
Fax # _____
Email _____
Telephone # _____

4. Company _____
Address _____
City & State _____
Zip Code _____
Fax # _____
Email _____
Telephone # _____

ADDITIONAL INFORMATION

CONTACT INFORMATION (Purchasing Agent / Commodity Buyer)

Name _____ Email _____

Telephone _____ Fax _____

Does your company accept overs? Yes No If yes, what is your policy?

Please note that all orders are FOB MSG. Please provide your preferred freight carriers and account numbers.

Carrier _____ Account Number _____

Carrier _____ Account Number _____

CREDIT REQUIREMENTS

Amount of first order: \$ _____

Estimated annual volume: \$ _____

Credit line requirements: \$ _____

(If more than \$250,000, please provide us with a copy of your most recent audited financial statements.)

PAYMENT TERMS NET 30 DAYS

Applicant's signature attests financial responsibility, ability and willingness to pay our invoices in accordance with our terms.

The information given on this form is for the purpose of obtaining credit and is warranted to be true. I / We hereby authorize Media Services Group to investigate the references listed pertaining to my / our credit and financial responsibility.

Signature: _____ Date: _____

Print Name: _____

Title: _____

FOR INTERNAL USE ONLY

Credit Limit: \$ _____

Authorized by: _____

Date Approved: _____

Account Exec. Initials _____ Date _____
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