

FAX OR EMAIL TO EVELYN SHAW
 (f) 865-675-4416
 Evelyn@tnmediaplus.com

CREDIT APPLICATION



Tennessee Media Plus, LLC
 P.O. Box 24646 | 10716 Lexington Drive
 Knoxville, TN 37933 | Knoxville, TN 37932
 Phone: 865-675-4414 • FAX: 865-675-4416
 www.tnmediaplus.com

**Please include a copy of your State
 Resale or Sales Tax Exempt Certificate**

NAME OF BUSINESS (BILLING ADDRESS)

COMPANY NAME		PHONE #	FAX #
STREET			
CITY	STATE	ZIP CODE	
D&B #:	TAX ID		

PHYSICAL ADDRESS

STREET		
CITY	STATE	ZIP

Form of Business

(Please check applicable box)

PROPRIETORSHIP		PARTNERSHIP	
CORPORATION		OTHER:	

ACCOUNTS PAYABLE CONTACT

NAME	TITLE	PHONE	EMAIL
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BANK REFERENCE

BANK NAME:	ADDRESS:	PHONE:
BANK CONTACT:		FAX:
BANK ACCOUNT NO.:		EMAIL:

TRADE REFERENCES: (Minimum of 3 are requested)

VENDOR NAME	ADDRESS	PHONE NUMBER	FAX NUMBER

I hereby represent that I am authorized to submit this application on behalf of the customer named above, and that the information provided is for the purpose of obtaining credit and is warranted to be true. I/We hereby authorize Tennessee Media Plus, Inc. to investigate the references listed pertaining to my credit and financial responsibility. It is agreed and understood that all necessary collection and legal expenses and interest (at 18% per year or state maximum) may be charged to debtor in the event of default or failure to pay goods sold and delivered. I/We further represent that the customer applying for credit has the financial ability and willingness to pay all invoices with established terms.

Customer Signature _____ Title _____ Date Signed _____

PERSONAL GUARANTY

Personal Guaranty Name _____
 (Please print)
 Address _____
 City _____ State _____
 Zip code _____ Phone _____

Social Security number _____

I hereby guarantee to Tennessee Media Plus, Inc. the payment of all sums owing on this account. Tennessee Media Plus, LLC shall have the right to investigate my personal credit, employment and income records, and the right to verify my credit references in connection with this application. Tennessee Media Plus, LLC shall also have the right to report the way I pay this account to the credit bureaus and other parties who may lawfully receive such information.

Personal Guaranty Signature _____ Date _____

Witness 1 _____ Date _____

Witness 2 _____ Date _____

Please check box if references are attached (Signature required)