

DMH MEDIA DUPLICATION

Confidential Credit Application

Date: _____

Name _____
Address _____
City _____
State _____ Zip _____
Phone (____) _____ Fax (____) _____

Credit Requested – Terms: Net 30
[] COD [] \$5000
[] \$10000 [] other _____
[] \$25000 Specify _____
Sales Tax Status
_____ Taxable _____ Tax exempt
(please attach tax exemption certificate)

Financial Information:

Business Type: () Corporation () Partnership () Proprietorship

Date Business Started: _____ Financial Statement Dated _____ is attached.

Business Description _____

President, Partner
Or Owner _____

Vice President
or Partner _____

Vice President
Or Treasurer _____

Secretary _____

Bank References:

Bank Name _____
Address _____
City _____
State _____ Zip _____

Phone () _____
Fax () _____
Account # _____
Contact _____

Business References:

Name _____
Address _____
City _____ St. _____ Zip _____

Phone () _____
Fax () _____
Contact _____

Name _____
Address _____
City _____ St. _____ Zip _____

Phone () _____
Fax () _____
Contact _____

Name _____
Address _____
City _____ St. _____ Zip _____

Phone () _____
Fax () _____
Contact _____

I certify that the above information is true and correct to the best of my knowledge.

Signed _____

Title _____

RETURN TO:
DMH MEDIA DUPLICATION
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Attn: David Horn
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