

## CREDIT APPLICATION

BUSINESS NAME	BUSINESS PHONE	DOING BUSINESS AS (DBA) OR AD AGENCY NAME
BUSINESS STREET ADDRESS	BUSINESS FAX	BILLING ADDRESS (IF DIFFERENT)
CITY/STATE/ZIPCODE	BUSINESS LICENSE #	DATE BUSINESS STARTED UNDER CURRENT OWNERSHIP

PRINCIPAL NAME & TITLE	PRINCIPAL HOME PHONE	VISA OR MASTERCARD ACCOUNT
PRINCIPAL HOME ADDRESS/CITY/ZIP	PRINCIPAL CELL PHONE/PAGER/OTHER PHONE	NAME ON ACCOUNT (IF DIFFERENT) & EXPIRATION DATE

BUSINESS' BANK NAME	BANK PHONE & FAX NUMBERS	CHECKING ACCOUNT NUMBER
BUSINESS' BANK ADDRESS	BANK CONTACT NAME	SAVINGS OR OTHER ACCOUNT NUMBER

MEDIA OR VENDOR CREDIT REFERENCE	REFERENCE PHONE & FAX NUMBERS	ACCOUNT NUMBER/DATE OPENED
CREDIT REFERENCE ADDRESS	REFERENCE CONTACT NAME	CREDIT LIMIT

MEDIA OR VENDOR CREDIT REFERENCE	REFERENCE PHONE & FAX NUMBERS	ACCOUNT NUMBER/DATE OPENED
CREDIT REFERENCE ADDRESS	REFERENCE CONTACT NAME	CREDIT LIMIT

I am the owner, principal or agent for the above named company which is applying for credit with the Beachcomber. I authorize the Beachcomber to contact my bank and credit references for purposes of verifying the information contained herein and, if credit is extended, agree to pay invoices within 30 days of billing as well as a 2 percent monthly service charge (\$10 minimum) on any invoices unpaid after 30 days and a \$30 service fee for any checks not honored by the bank due to insufficient funds. I authorize the Beachcomber to charge the above credit card account for any invoices and service fees outstanding beyond 45 days. I agree to pay all attorney, legal and collection costs for invoices outstanding for more than 90 days if payment is not honored by the credit card company.

OWNER/PRINCIPAL/AGENT SIGNATURE	DATE SIGNED	PRINT NAME
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