

Credit Application

iDEA MEDIA SERVICES, LLC.

1700 W. Hubbard St. Chicago, IL. 60622
(866)326-3416, *toll-free*
(312)226-2900, *local*
(312)226-0818, *facsimile*
www.ideareplication.com

Your Sales Representative: _____ Date: _____

Name of Firm: _____

Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Fax: _____

Type of Business: _____

Sole Proprietorship Partnership Corporation Other

How long in business: _____ Dunn & Bradstreet Rating: _____

Name of Owner: _____

Name of Manager: _____

Parent Company (if applicable): _____

Federal ID Number: _____ Resale Number: _____
(Please attach copy of Resale Tax Certificate.)

Line of credit requested: _____

TRADE REFERENCES

List at least three(3) trade references
PLEASE PROVIDE FAX NUMBERS

1. Company: _____

Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Fax: _____

2. Company: _____

Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Fax: _____

3. Company: _____

Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Fax: _____

4. Company: _____

Address: _____

City: _____ State: _____ Zip: _____

Rev 08/2008

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BANK REFERENCE

PLEASE PROVIDE FAX NUMBER

Bank: _____

Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Fax: _____

Account #: _____

Contact Person: _____

Account numbers must be supplied to complete bank references

INVOICING INSTRUCTIONS

Address invoices should be directed to: _____

City: _____ State: _____

Zip: _____

Person or Department invoices should be directed to: _____

Person to contact regarding Accounts Payable: _____

Purchase Order Number Required: _____ Yes _____ No

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TERMS AND CONDITIONS OF SALE:

The undersigned agrees to pay for all purchases according to the terms of Creditor. No terms or conditions or purchase orders different from the Terms of Creditor will become part of any sales agreement, purchase order, or other document unless specifically approved in writing by Creditor. Conditions for freight shall be F.O.B. Creditor's specifications, unless otherwise noted in writing. (No item will be accepted for return without prior written approval. Payments may be applied against open balance in the discretion of Creditor.) The laws of the State of Illinois shall be made applicable to all suits arising under any agreement between the undersigned and Creditor. All accounts shall be due and payable in Chicago, Illinois. In the event of litigation, sole jurisdiction and venue shall be in Chicago, Cook County, Illinois. Applicant waives any and all objections to jurisdiction or venue in Cook County courts. THE PERSON SIGNING THIS APPLICATION WARRANTS THAT HE/SHE IS AUTHORIZED TO SIGN THIS APPLICATION AND CERTIFIES THAT ALL OF THE INFORMATION CONTAINED IN THE APPLICATION AND ANY ATTACHMENTS ARE TRUE AND CORRECT TO THE BEST OF HIS/HER INFORMATION, KNOWLEDGE, AND BELIEF.

SIGNATURE OF OWNER OR OFFICER OF CORPORATION IS REQUIRED TO PROCESS APPLICATION.

The undersigned agrees to the above terms and conditions, and authorizes the above banks and companies to release the information requested.

Company Name: _____

By: _____

Signature and Title

Printed Name

Date: _____

PERSONAL GUARANTY

In consideration of credit being extended to the above named firm, I personally agree all indebtedness hereunder. I further agree that this guaranty is an absolute, completed, and continuing one and shall be subject to and in consideration of the above:

Company Name: _____

By: _____

Signature and Title

Printed Name

Date: _____

PLEASE RETURN BY FAX TO OUR ACCOUNTING DEPARTMENT AT 312-226-0818.