



114 W. St. Clair Street, Indianapolis, IN 46204
317-916-1111 ph/317-916-1129 fax/877-887-3873 Toll Free
sales@northstreetmedia.com

ACCOUNT NUMBER

PROFILE/CREDIT INFORMATION

CUSTOMER INFORMATION

Date _____
Legal Name _____
Federal Tax ID # _____
Address _____
City _____ State _____ Zip Code _____
Telephone # _____ Fax # _____ E-Mail _____

Please attach a copy of your Tax Exemption Certificate

AUTHORIZED BUYERS INFORMATION

Name _____ Title _____
Name _____ Title _____
Name _____ Title _____
Name _____ Title _____
Name _____ Title _____

PURCHASING INFORMATION

Are purchase orders numbers mandatory on invoices? **Y / N** (Circle)
Do you request a monthly statement? **Y / N** (Circle) If yes, via **Mail/Fax/E-Mail** (Circle)
Do you require invoices to be faxed? **Y / N** (Circle)
Do you accept Back Orders? **Y / N** (Circle)
Will you submit orders via: **Phone / Fax/ E-Mail?** (Circle)
Preferred Method of Shipping _____

TERMS OF SALE

Our terms are net 30 days. Accounts not paid in this time frame will be charged 1.5% interest rate per month and future orders will be on a C.O.D. basis until the account is current. Should collection or legal action be required to collect past due accounts, fees for such action will be added to your account.

ACCOUNTS PAYABLE/CREDIT INFORMATION

Accounts Payable Contact Person _____

Mailing Address _____

Telephone # _____ Fax # _____ E-Mail Address _____

Name of Principal Bank: _____

Address: _____ Tel.# _____

Fax # _____ Contact Name _____

Checking Account # _____ Savings Account # _____

Trade References (Must be Trade References only)

Name _____ Name _____

Address _____ Address _____

City _____ State _____ Zip _____ City _____ State _____ Zip _____

Credit Limit \$ _____ Credit Limit \$ _____

Telephone # _____ Telephone # _____

Fax # _____ Fax # _____

e-mail address _____ e-mail address _____

Name _____ Name _____

Address _____ Address _____

City _____ State _____ Zip _____ City _____ State _____ Zip _____

Credit Limit \$ _____ Credit Limit \$ _____

Telephone # _____ Telephone # _____

Fax # _____ Fax # _____

e-mail address _____ e-mail address _____

I hereby certify that the information provided herein for the purpose of opening an account with your company is true and correct. My signature also acknowledges that I have read and fully understand the terms of sale contained herein, and that I have made a true and exact copy for my records. Further, I expressly acknowledge and agree to be bound by the terms of sale section contained in the application.

By _____ Title _____ Date _____

AUTHORIZATION FOR RELEASE OF CREDIT INFORMATION

Authorization and consent is given for your organization to release credit information on the above named business to North Street Media, Inc.

By _____ Title _____

Date _____