

Grand Savant Media CREDIT APPLICATION

Main:

Company Name _____

Address _____

State _____ Zip _____

Billing: *Check if same as above*

Company Name _____

Address _____

State _____ Zip _____

Phone _____ Fax _____

Federal Tax ID _____

No. of Employees _____ Date Business Established _____

Amount of Credit Requested \$ _____

Check which is applicable to your company:

Corporation General Partnership Limited Partnership LLC

Sole Proprietorship Other : _____

Accounts Payable Contact _____

Direct Phone _____

Direct Fax _____

By completing and signing this form, you agree to acknowledge and honor our Net 10 day billing terms.

X _____ Date _____