



Credit Application

Company Name: _____ EIN: _____

Billing Address: _____

City: _____ State _____ Zip _____ Ph# _____

Fax# _____ E-mail _____ Contact _____

Shipping Address: _____

City: _____ State: _____ Zip: _____ - _____ Ph.# _____

Type of Business: Corporation ____ LLC ____ Partnership ____ Sole Owned ____

D.B.A. Name : _____ Tax Exempt# _____

Amount of credit requested \$ _____ Years in business _____

Retail ____ Wholesale ____ Mass Market ____ Other ____ # of sites ____

Business Banking Relationship:

Name: _____

Officer/Title: _____

Phone Number: (____) _____ - _____

Opening Date: _____

Principles: Name/Title

1. _____

2. _____

3. _____

Are there any judgments, suits or tax liens on company or principals? Yes/No: _____

Trade References: 3

Name: _____ Acct# _____

Address: _____

City/St./Zip: _____

Phone _____ Fax _____ Contact _____

Name: _____ Acct# _____

Address: _____

City/St/Zip _____

Phone _____ Fax _____ Contact _____

Name: _____ Acct# _____

Address: _____

City/St/Zip _____

Phone _____ Fax _____ Contact _____

Applicant hereby authorizes Digital Marketing Services and its Agent to obtain more credit information about the Company and its Principals and to make inquiries in connection with this application: To share credit information with applicants credit application form and other persons, bureaus, and affiliates. All the information in this application is true and correct. The person signing below on behalf of Applicant is authorized to make this application on its behalf and agree to the foregoing.

By: _____ Title: _____ Date: _____