



CLARK MEDIA

Heads-Up Thinking™

CREDIT APPLICATION

BILLING INFORMATION

Business Name: _____

Business Phone: _____

Business Fax #: _____

PA Tax-Exempt #: _____ (Copy of certificate required)

Billing Address: _____

Delivery Address: _____

Please Circle One: Proprietorship Partnership Corporation

Accounts Payable Manager or Contact person: _____

Incorporation Date: _____ Years in Business: _____

State of Incorporation: _____ Number of Employees: _____

PERSONAL INFORMATION ON OFFICERS, PARTNERS OR GUARANTORS

Name: _____ Title: _____

Social Security #: _____

Home Phone: _____

Home Address: _____



INSURANCE INFORMATION

Broker: _____

Type of Insurance: _____

Contact: _____

Phone: _____

Address: _____

***We require a certificate of insurance listing Clark Production Associates, Inc. as loss payee and additional insured.**

TRADE REFERENCES

Name: _____

Address: _____

Phone: _____ Fax #: _____

Contact: _____

Name: _____

Address: _____

Phone: _____ Fax #: _____

Contact: _____

Name: _____

Address: _____

Phone: _____ Fax #: _____

Contact: _____



COMPANY BANK REFERENCES

Name of Bank: _____ Branch: _____

Address: _____

Phone: _____ Contact: _____

Checking Account #: _____

Loan Account #: _____

Applicant authorized its bank(s) to release information to Clark Production Associates, Inc. for the purpose of establishing an open line of credit.

By: _____

Title: _____ Date: _____

TERMS

All invoices are NET 30 days.

As a condition of the credit agreement, a monthly service charge of 1.5% or the maximum permitted by law will be applied to all accounts not paid within 30 days of the due date. In consideration of the extension of credit terms, the undersigned does hereby absolutely, unconditionally and personally guarantee to Clark Production Associates, Inc. as they come to be due or Accelerated whether such indebtedness and obligations exist on the date of this instrument or are incurred after such date. Applicant understands and agrees to meet Clark Production Associate's terms, to pay service charges assessed and to pay reasonable collection expenses, including a 25% attorney's fee in the event of default.

The obligations hereunder shall be binding on the heirs, administrators, successor and assigns of the undersigned.

By: _____
(Personally and Individually)

Title: _____ Date: _____