



Customer Credit Request

Date: _____ Company Name: _____

Billing Address: _____

City: _____ State: _____ Zip: _____

EIN/Resale/Tax ID/ SSN: _____

A/P Contact _____ A/P Phone: _____

Bank Reference

Bank Name: _____

Bank Address: _____

Contact _____ Phone: _____ Fax: _____

Trade References

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Contact: _____ Phone: _____ Fax: _____

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Contact: _____ Phone: _____ Fax: _____

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Contact: _____ Phone: _____ Fax: _____

Anticipated annual purchase form Media Technologies: _____

Requested Terms and Limit: _____

We certify that all the information on this form is correct and complete. We also authorize Media Technologies to receive information from any major credit bureau. In consideration of the extension of credit by Media Technologies, we hereby agree to make full and timely payment on these terms.

Name (Print): _____

Signature: _____

Title: _____

Date: _____

**Note: Request will not be processed until we receive valid signature
Fax Back to : (631) 467-0450**