



CREDIT APPLICATION

PO Box 2641
Smyrna, TN 37167
615-220-9414
info@kmsmedia.net

CUSTOMER INFORMATION

Legal Name: _____ Tradestyle or DBA: _____
Business Address: _____
Telephone: _____ Fax: _____

Accounts Payable Contact: _____
Telephone: _____ Fax: _____

Federal Identification Number: _____ Date Business Started: _____
Tax-exempt Certificate Information: State: _____ Certificate Number: _____

Business Entity:
 Proprietorship Partnership Corporation Other: _____
If corporation, State incorporated _____

Proprietors, Partners or Officers (Please attach additional pages, if necessary)

Name: _____ Title: _____ Address: _____

BANKING INFORMATION

Name: _____ Telephone: _____
Address: _____ Fax: _____
Contact Name: _____ Account #: _____

TRADE REFERENCES

1. Name: _____ Telephone: _____
Address: _____ Fax: _____
Contact Name: _____ Account #: _____

2. Name: _____ Telephone: _____
Address: _____ Fax: _____
Contact Name: _____ Account #: _____

3. Name: _____ Telephone: _____
Address: _____ Fax: _____
Contact Name: _____ Account #: _____

4. Name: _____ Telephone: _____
Address: _____ Fax: _____
Contact Name: _____ Account #: _____

TERMS AND CONDITIONS OF SALE

By signing below, Customer represents and warrants that: (1) Customer authorizes KMS Media Services to obtain information they may consider necessary from any source; (2) The information in this credit application is true and accurate; (3) Customer has read KMS Media Services Terms and Conditions and agrees to be bound as stated therein; (4) Customer acknowledges that all intellectual property content submitted shall be subject to the terms and conditions of the IRMA Anti-piracy Compliance program; and (5) Customer is authorized to enter into and execute this Agreement.

Authorized Customer Signature _____ Title _____ Date _____