

Universal Music Credit Application

Company name: _____
Street Address: _____
City, State, Zip: _____
Phone: _____ Fax: _____
Reseller id # _____
Primary contact: _____
Accounts payable contact: _____
Accounts payable e-mail: _____

Please provide at least 3 credit references:

Name: _____
Address: _____
Phone: _____ Acct. # _____
Fax: _____
Length of business relationship: ___0-3 yrs ___3-5 yrs ___5 + yrs

Name: _____
Address: _____
Phone: _____ Acct. # _____
Fax: _____
Length of business relationship: ___0-3 yrs ___3-5 yrs ___5 + yrs

Name: _____
Address: _____
Phone: _____ Acct. # _____
Fax: _____
Length of business relationship: ___0-3 yrs ___3-5 yrs ___5 + yrs

Bank Information

Bank Name: _____
Address: _____
Phone: _____
Fax: _____
Name of Accountholder: _____
Account number: _____

To be filled out by bank personnel:

Bank instructions: The accountholder above has listed you as their primary bank. For purposes of granting credit, we ask that you please provide us with the following information at your earliest convenience, via fax, to (213)387-4033. Thank you for your time.

Length of business relationship: ___0-3 yrs ___3-5 yrs ___5 + yrs Average balance: _____ Number of NSF checks: _____
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I hereby authorize the release of the above information to *Universal Music* for use in consideration of granting credit.

Accountholder's Signature