

Important! Please print sign and fax back Applications to (818) 579-9026

**Coastal Satellite, Inc. D.B.A. Coastal Media Group
NEW CUSTOMER INFORMATION FORM
Fax back to: (818) 579-9026 Voice (818) 880-9800**

Company Name: _____

Type of Business: _____ Years in Business: _____

Dun & Bradstreet: _____ Tax ID: _____

Street Address: _____

City: _____ State: _____ Zip: _____

Billing Address (if different):

Street Address: _____

City: _____ State: _____ Zip: _____

Phone Number: _____ Contact Name: _____

A/P Contact: _____ Phone: _____

Controller or CFO: _____ Phone: _____

Other: _____

Any Special Billing Instructions? _____

Are Purchase Orders Required? _____

Is your company a: Corporation Partnership Sole Proprietorship LLC

Name(s) of Principal(s):

1. _____ Title: _____ SS: _____

2. _____ Title: _____ SS: _____

3. _____ Title: _____ SS: _____

Who are you currently buying from on credit terms?

1. _____ Contact: _____ Phone: _____

2. _____ Contact: _____ Phone: _____

3. _____ Contact: _____ Phone: _____

Your Bank: _____ Phone: _____

Location: _____ Contact: _____

Checking: _____ Savings: _____

Credit card for guarantee: VISA MasterCard American Express

Name on card _____ Exp date: _____

Credit Card Number _____

CVV # (VISA/MasterCard last 3 digits on back of card. AMEX 4 digits front of card) _____

Card Billing Address: _____ City: _____

State: _____ Zip Code: _____

All invoices are immediately due upon issuance and must be paid no later than 15 days from the date issued by Coastal Satellite, Inc. to Customer for services rendered. In the event of a default or failure to pay Coastal Satellite, Inc. for any services rendered within that time frame, Customer agrees & authorizes Coastal Satellite, Inc. to charge the above credit card and/or to otherwise take action to collect, for all money due, including but not limited to additional charges for interest on the balance due at the rate of 18% per annum and for all reasonable attorney's fees and costs incurred by Coastal Satellite, Inc. in connection with the collection of said sums due. Additionally, Customer authorizes Coastal Satellite, Inc. to verify the above information.

Sign: _____ Print Name: _____

Date: _____

CSI USE ONLY (rev. August 2010)

Date Credit _____ Approved By: _____

Credit Limit: _____

Terms: _____

Account: _____