



OMEGA
BROADCAST GROUP

817 West Howard Lane
Austin, Texas 78753
512.251.7778

Application for Credit

BUSINESS CONTACT INFORMATION			
Company name:		Employer ID:	
Phone:	Fax:	E-mail:	
Company Address:			
City:		State:	ZIP Code:
Year Established:		Length of time at present location:	
Sole proprietorship: <input type="checkbox"/>	Partnership: <input type="checkbox"/>	Corporation: <input type="checkbox"/>	Other: <input type="checkbox"/>
Owner/CEO:		Purchasing Contact:	
BANK INFORMATION			
Name of Bank:		Contact Name:	
Bank address:		Phone:	
City:		State:	ZIP Code:
Type of account	Account number		
(Choose One)			
(Choose One)			
(Choose One)			
BUSINESS/TRADE REFERENCES			
Company name:		Contact Name:	
Address:			
City:		State:	ZIP Code:
Phone:	Fax:	E-mail:	
Company name:		Contact Name:	
Address:			
City:		State:	ZIP Code:
Phone:	Fax:	E-mail:	
Company name:		Contact Name:	
Address:			
City:		State:	ZIP Code:
Phone:	Fax:	E-mail:	
SIGNATURES			
We certify that the above information is correct and authorize the above named banks and/or trade reference to disclose any information on credit worthiness. We fully understand your credit terms and agree to the proper payment in consideration of extended credit.			
Print Name: Title: Date:		Print Name: Title: Date:	