



6737 East 30<sup>th</sup> Street Indianapolis, IN 46219  
(317) 549-8484 • FAX (317) 549-8480  
Email: [info@worldmediagroup.com](mailto:info@worldmediagroup.com)  
[www.worldmediagroup.com](http://www.worldmediagroup.com)

Dear New Customer

Enclosed is a credit application for your company to fill out. Please fill out the application completely. This will allow our Credit department to process your application quicker.

When submitting credit references on your application you need to make sure the credit limits you are requesting are in comparison to the credit references you are submitting. For example, if you are requesting credit for \$5,000, you need to submit credit references that have at least a \$5,000 credit limit established.

Please allow 3-5 business days for the processing of your credit application. You will be personally advised of your credit Arrangements at that time.

Thank you for considering WMG, Inc. as your vendor. If you should ever have any questions regarding your credit arrangements, please call me.

Please note that by submitting the application for credit does not automatically qualify your company for credit.

Sincerely,

A handwritten signature in black ink that reads 'Jeff Mellentine'. The signature is written in a cursive style with a large initial 'J'.

Jeff Mellentine

**TERMS OF CREDIT**

- 1. Finance charges of 1 ½% per month (18% annual) will accrue on all balances not paid within (60) days of invoice date.
- 2. A SERVICE CHARGE OF \$100.00 will be assessed for each returned check.
- 3. A Storage and Handling Fee of \$175.00 will be added to our account on all finished goods not picked up within 10 working days after completion of project unless other arrangements are made with either your sales representative or WMG’s Accounting Department.
- 4. Terms other than standard terms of sale must be approved by WMG’s Accounting Department ONLY.

This application is to obtain credit from WMG, INC., whether purchases are to be made now or hereafter, in any event, if any part of any sums owing from the undersigned to Seller, becomes past due, or in the event any Term of Credit or purchases has not been met as agreed, any part or all sums owing, whether due or not, shall become due and payable in full at the option of the Seller. The undersigned agrees to pay all reasonable costs, expenses and attorney’s fees to include agency fees, whether suit is filed or not, incurred in the enforcement of any obligation of the undersigned, or incurred in the collection of any amounts due extended in reliance heron, or the enforcement of the Continuing Guarantee which may be part hereof.

- 5. The undersigned hereby certifies that the foregoing statement is a true and correct statement of the undersigned’s financial condition, and that it is submitted for the purpose of procuring credit. In the event that any material representation se forth herein should prove to be incorrect or untrue, the same will constitute any event of default in any agreement in writing between the undersigned and WMG, INC.

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MUST BE PRINCIPAL OFFICER OR PARTNER

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TITLE

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DATE

Corporation – attach recent Financial Statements  
 Partnership – attach recent Consolidations Financial Statements  
 Sole Proprietors – attach recent Federal Income Tax Return or Financial Statements

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**CONTINUING GUARANTEE**

For the purpose of inducing extension of credit or of inducing temporary forbearance from collection of accounts for monies dues at the time hereof from the person or firm applying for credit listed on the reverse side hereof, the undersigned personally hereby absolutely and unconditionally guarantees, on a continuing basis, the performance of the persons of firm on the reverse side hereof applying for credit, and to whom credit is extended, including but not limited to the due and prompt payment of all present and future indebtedness whether secured or unsecured and regardless of how the indebtedness is represented or incurred, the undersigned consents to any extension or alterations of any obligations and guarantees such without prior notice, demand or pursuit of remedies against the party primarily liable. This guarantee shall continue effective until the undersigned has notified the Creator in writing of its cancellation, but such cancellation shall not altar any obligation of the undersigned arising hereunder prior to receipt of such written notice. The undersigned hereby further agrees to indemnify and hold Creditor harmless from any loss, damage or expense caused by or arising or of any default on the part of such persons or firm in making payment of any part of all such sums and in the event of default agrees upon demand to pay Creditor the amount of any such loss, damage, or expense. The undersigned further agrees to pay all reasonable costs, expenses, attorney’s fees, or agency fees incurred in the enforcement of this Continuing Guarantee, or in the enforcement of any obligation as a result of the extension of credit, including but not limited to the collection of any past due indebtedness whether or no suit is filed.

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DATE

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SIGNATURE

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NAME

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TITLE



**CUSTOMER APPLICATION FORM**

6737 East 30<sup>th</sup> Street  
Indianapolis, IN 46219  
(317) 549-8484 Fax (317) 549-8480

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Phone Number: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

(Check One) Corporation: \_\_\_\_\_ Partnership: \_\_\_\_\_ Proprietorship: \_\_\_\_\_

Division or Subsidiary (If so, name of firm) \_\_\_\_\_

Names and Titles of Officers and/or Principals:

\_\_\_\_\_ / \_\_\_\_\_

\_\_\_\_\_ / \_\_\_\_\_

Date Business Established: \_\_\_\_\_

Federal tax ID No.: \_\_\_\_\_ Anticipated Monthly Requirements: \$ \_\_\_\_\_

D & B No.: \_\_\_\_\_

**CREDIT REFERENCES: (BANK & 3 TRADES)**

Release of Bank Information (Signature) \_\_\_\_\_

Account Number: \_\_\_\_\_ Contact: \_\_\_\_\_

Bank: \_\_\_\_\_ Branch: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Trade:  
1. Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

2. Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

3. Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

**Indiana Department of Revenue**

**ST-136A**

SF 48095 (10-96)

Rev. 8-96

**Single Purchase**

**Blanket Exemption**

(Should Be Renewed Annually)

**Indiana Out-of-State Purchase Sales Tax  
Exemption Affidavit**

Name of Purchaser: \_\_\_\_\_ Resident State Exemption Number: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Purchaser's Business Type (Must check one):

Manufacturing, Production

Government Agency

Retailer or Wholesaler

Not-for-Profit Agency

Agriculture

Public School Corporation

Description of Property Purchased: \_\_\_\_\_

I hereby certify under penalty of perjury that the property described above is purchased exempt from Indiana sales tax for the following reasons:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

I further certify that such property will be removed immediately to the State of \_\_\_\_\_ and this property will not be stored, used or consumed in Indiana.

I further certify that the purchase of the above described property would be exempted if purchased in the state of exempt registration.

Purchaser's Signature \_\_\_\_\_ Title \_\_\_\_\_ Date \_\_\_\_\_

**Must Be completed By Seller**

**Total Sales Price \$** \_\_\_\_\_ (If blanket, estimate annual liability.)

Name of Seller: \_\_\_\_\_ T.I.D#: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

To be valid the price information must be provided on this form. The original copy should be retained by seller for audit purpose. If more than one purchase is to be covered by this certificate, indicate the type of property in the description blank.