

**Important!** Please print sign and email back scanned form

**Coastal Satellite, Inc. D.B.A. Coastal Media Group  
NEW CUSTOMER INFORMATION FORM  
Email back to bob@cmgnow.com 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: \_\_\_\_\_