

Dear Fox Representative:

We would like to take this opportunity to welcome you as a valued customer of Chamberlain Marketing Group. As you may already know, we have been chosen as your exclusive supplier for the FOX Promotional Products Program. As such, we look forward to fulfilling all your promotional products needs in the upcoming years.

As we begin our partnership, we would like to provide you with the opportunity to establish credit terms with our company. In order to do so, we ask that you complete the following forms:

- 1 **Credit Application**- Please complete and sign at the bottom. If certain information is provided on a separate document, please attach and indicate "See Attached." If a centralized finance department will be paying your invoices, please provide all necessary information.
- 2 **Bank Reference Inquiry**- Please sign and date the bottom of the form only. The bank will provide all other information.

Upon completing the attached forms. Please fax to Anne Kleinow at (734) 946-6221 or mail to: FOX Promotional Merchandise Program Attn: Credit Dept., 12103 Delta Drive, Taylor, MI 48180. If you need assistance in completing the forms, please call Anne Kleinow at (734) 946-8005. We appreciate the opportunity to serve you and look forward to a long-term partnership.

Sincerely,

Anne Kleinow
Credit Manager



**CREDIT APPLICATION
FOX AFFILIATE PROMOTIONAL PRODUCTS PROGRAM**

COMPANY INFORMATION

Station Name: _____ Market City & State: _____

Station Call Letters: _____ Licensee (Owner Group): _____

Station Address: _____

Telephone: _____ Fax Number: _____ DUNS Number: _____

Responsible for Paying Invoices: Station ____ Licensee ____ (Note: If Licensee, provide billing information on following line)

Billing Name & Address: _____

Web Address: _____ Federal EIN: _____

Credit Limit Desired: _____ Preferred Payment Method: Check ____ EFT(ACH) ____

Accounting Contact: _____ General Manager: _____

Purchase Order Required? Yes ____ No ____ Sales Tax Status* : Taxable ____ Non-Taxable ____

** Note : If sales are non-taxable, the attached tax exempt certificate must be completed & submitted with this application*

FINANCE/BANK INFORMATION

Bank: _____ Address: _____

Contact: _____ Telephone: _____ Fax Number: _____

Account Number: _____ How long has this account been open: _____

Note: Please sign the bottom portion of the attached Bank Reference Inquiry form, which authorizes us to do a bank inquiry.

TRADE REFERENCES

Company 1: _____ Address: _____

Contact: _____ Telephone: _____ Fax Number: _____

Company 2: _____ Address: _____

Contact: _____ Telephone: _____ Fax Number: _____

Company 3: _____ Address: _____

Contact: _____ Telephone: _____ Fax Number: _____

COMPANY AUTHORIZATION AND TERMS OF CREDIT AGREEMENT

The information listed above is accurate and true and is provided for the sole purpose of obtaining credit. I/We give full authorization to the creditor, Chamberlain Marketing Group, to investigate the references listed regarding my/our financial responsibility and credit status. I/We, the undersigned applicant, agree in making this request to assume full obligation in making prompt payment on all invoices. Furthermore, I/we understand that your payment terms are net 30, meaning that all invoices are due within 30 days of billing. I/we agree that if it shall become necessary to place my/our account for collection, I/we shall assume full obligation in paying any and all costs of collection, including collection agency fees, attorney fees, and any other costs of legal proceedings. All orders are subject to acceptance by Chamberlain Marketing Group. Title to goods will pass to customer upon delivery to a carrier at an authorized shipping point. Specifications and prices are subject to change without notice. Applicant's signature shall constitute acceptance of these terms and Chamberlain Marketing Group's sales policies.

Signature of Authorizing Officer Printed Name of Authorizing Officer Date



CHAMBERLAIN
Marketing Group

Unique Brand Solutions

12103 Delta Drive
Taylor, Michigan 48180
Phone (734) 946-8005
Fax (734) 946-6221

**Bank Reference Inquiry
Private & Confidential**

**THIS INFORMATION IS CONFIDENTIAL AND FURNISHED AS A MATTER OF BUSINESS COURTESY
WITHOUT RESPONSIBILITY ON THE PART OF THIS COMPANY OR ITS REPRESENTATIVES**

To: _____

Re: _____

Sir or Madam:

The above mentioned company has applied for credit with us and has listed your bank as a reference. We would appreciate your courtesy in advising us of your experience with them. Any information provided will be held in strict confidence. Please fill out the following information and return it to us via fax at (734) 946-6221.

Sincerely,
Anne Kleinow/Credit Manager
Chamberlain Marketing Group

TO BE COMPLETED BY BANK

CHECKING ACCOUNT INFORMATION

Date Account Opened: _____ Average Balance: _____
NSF Checks: _____ Rating of Account: _____

LOAN INFORMATION

Line of Credit Balance: _____ Line of Credit Limit: _____
Any Installment Loans: _____ If yes, please give details: _____
Secured or Unsecured: _____ If secured, provide details: _____
Any Personal Guarantees: _____ If yes, please give details: _____
Other Information: _____
Your Name: _____ Signature: _____

TO BE COMPLETED BY CUSTOMER REQUESTING CREDIT:

****WE AUTHORIZE RELEASE OF THE ABOVE BANK INFORMATION TO CHAMBERLAIN MARKETING GROUP.**

Company : _____ Name/Title: _____
Date: _____ Signature: _____