

APPLICATION FOR CREDIT & TRADE RECOGNITION

Please complete ALL of the following information to open your account. CBA members may attach the CBA standard application form in lieu of completing corresponding areas of this form. Signature of this form is required for processing.

GENERAL INFORMATION

BILL TO: _____
 DBA _____
 Street or P.O. Box _____
 City, State, Zip _____
 Phone (_____) _____ Fax (_____) _____
area code area code

SHIP TO: _____
 DBA _____
 Street _____
 City, State, Zip _____
 Phone (_____) _____ Fax (_____) _____
area code area code

Proprietor, Partners, or Corporate Officers (Please provide your home address)

Name (1) _____ (2) _____ (3) _____
 Title _____
 Street _____
 City, State, Zip _____
 Home Phone (_____) _____ (_____) _____ (_____) _____
area code area code area code
 Social Security No. _____

Store Manager and Other Contacts

Manager _____ Music Buyer _____ Payables _____
 E-Mail: _____ E-Mail: _____ E-Mail: _____

DESCRIPTION OF BUSINESS (This information is required, please complete all areas)*

Type of Business:		Business Information	
Christian Book/Music/Video Store	Open _____ days weekly	Established ____ / ____ / ____	
Mainstream/Gen. Mkt. Music Retailer	Store Hours _____ to _____	Annual Sales _____	
E-tailer/Webstore	Visible street sign (Y/N) _____	Christian Product % _____	
Distributor	No. of Employees _____	Square footage _____	
Mail Order			
Other _____			

Affiliations: CBA Parable Muncie NARM Other _____
 Form of Business: Proprietorship Partnership Corporation LLC

*Business information on reverse **MUST** be completed.

RESALE CERTIFICATE

The above company ("Reseller") hereby certifies that it holds valid state tax number _____ issued by the state of _____ (attach list for additional states). That it is engaged in the business of selling retail merchandise and that the tangible personal property purchased from EMI CMG Distribution will be resold by it in the form of tangible personal property. In the event that any of the above described property is not resold and is not held by Reseller for retention, demonstration, or display for sale in the regular course of Reseller's business, Reseller will report the use of such property to the appropriate tax authorities and will pay all required sales and use taxes relating to the purchase of such property.

BANK AND TRADE REFERENCES

Bank _____ Bank Account No(s): _____ / _____
 Bank Contact _____ Relationship: Business Checking Savings Lending
 Phone (_____) _____ Address _____
area code

Business Trade References. Please check all that apply (account numbers required). Please provide at least three references.

Account No. _____	Account No. _____	Other (2) _____
Word _____	Spring Arbor _____	Account No. _____
Provident _____	Appalachian _____	Phone (_____) _____
Thomas Nelson _____	Other (1) _____	Other (3) _____
Tyndale _____	Account No. _____	Account No. _____
Zondervan _____	Phone (_____) _____	Phone (_____) _____
	<small>area code</small>	<small>area code</small>

FINANCIAL INFORMATION

Trade Credit Accommodation Requested (one):

COD Company Check Prepaid Normal Credit Terms
 Orders can be shipped on a pre-paid basis until credit is established.

ANY FINANCIAL STATEMENTS SUBMITTED WITH THIS APPLICATION WILL FACILITATE THE APPROVAL OF YOUR ACCOUNT AND WILL BE KEPT STRICTLY CONFIDENTIAL.

Permission is herewith granted to obtain credit information from all listed references, including our bank. The undersigned consents to EMI CMG Distribution ("EMI") obtaining consumer credit information on the undersigned for the purpose of evaluating the credit worthiness of the business listed above. All financial information in support of this credit application is true and complete in all respects. Our account is subject to a late charge of 1.5% per month (18% per annum) on all past due invoices. Furthermore, I understand that our orders may not be shipped if our account is past due, that any collection fees (including attorney fees) and related costs will be borne by our account, and that all decisions with respect to the extension or continuation of any credit accommodation is in the sole discretion of EMI. I have received a copy of EMI's Trade Policies & Procedures and agree to abide by them now and as they may be amended from time to time. I assume personal and individual responsibility and liability, and guarantee payment of all obligations due and payable to EMI, and its successors or assigns, by the business listed herein.

Signature of Proprietor, Partner, or Corporate Officer _____

Date _____

Signature of Witness _____

Self Mailing
INSTRUCTIONS
•Fold on lines below
•Seal with tape
•Mail - no postage stamp necessary

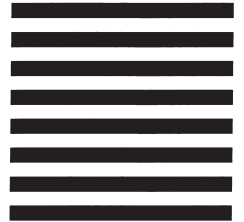
Return Address



NO POSTAGE
NECESSARY
IF MAILED
IN THE
UNITED STATES

BUSINESS REPLY MAIL
FIRST-CLASS MAIL PERMIT NO 188 BRENTWOOD, TN

POSTAGE WILL BE PAID BY ADDRESSEE



EMI CMG DISTRIBUTION
ATTN CREDIT SERVICES
P O BOX 5084
BRENTWOOD TN 37024-9855



Business Information Addendum:

Narrative business description: _____

Present One-Stop Distributors: _____ _____ _____

If business is a Distributor, to what types of businesses do you distribute?: _____

What specific products, if any, do you plan to purchase immediately if your account is opened?: _____

Business Website URL: _____

We would like to receive EMI CMG Distribution's News/Announcements/Specials list by **Broadcast Fax** **E-Flash e-mail**