



2727 Pellissier Place
 City of Industry, CA 90601
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 Tel: (562) 695-1000
 Fax: (562) 695-9900

COD

Salesperson's Name: _____

CLIENT INFORMATION

Legal Business Name: _____ Dun & Bradstreet#: _____

DBA/Doing Business As: _____ Business Established On: _____

Address: _____ City _____ State _____ Zip _____

Tel: _____ Fax: _____ E-Mail: _____

Federal Tax ID: _____ State Resale No.: _____

Entity: _____ Sole Proprietorship _____ Partnership _____ LLP _____ LLC _____ Corp-Incorp Incorporated in: _____

CONTACT PERSONS:

Officer's Name: _____ E-Mail: _____

Officer's Name: _____ E-Mail: _____

Accounting Dept: _____ E-Mail: _____

Telephone: _____ Fax: _____

The information contained on this profile is true and accurate, and can be relied upon by NCMC, and submitted by the undersigned for the purpose of obtaining new business relationship. C.O.D. terms apply as 50% initial deposit with Purchase Order and final payment before releasing the goods.

Officer's Signature: _____ Date: _____

Print Name: _____ Title: _____