

P.O. BOX 52345, IRVINE, CA 92619-2345
 PLEASE FAX APPLICATION AND SUPPORT
 MATERIALS TO (949) 716-7114.

LINE OF CREDIT REQUESTED	ANTICIPATED ANNUAL VOLUME

PART I

FULL COMPANY NAME				
DBA:				
ADDRESS				
CITY	STATE	COUNTY	ZIP	TELEPHONE NO.
FAX NUMBER		E-MAIL ADDRESS		
OTHER NAME OR STYLE USED, IF ANY				
SHIP TO ADDRESS IF DIFFERENT FROM ABOVE (ATTACH A LIST IF MORE THAN ONE)				

PART II

PRODUCT LINE				
<input type="checkbox"/> MUSIC	<input type="checkbox"/> VIDEO	<input type="checkbox"/> OTHER		
NATURE OF BUSINESS				
<input type="checkbox"/> RETAIL	<input type="checkbox"/> ONE STOP	<input type="checkbox"/> RACK	<input type="checkbox"/> OTHER-INDICATE	
LEGAL COMPOSITION				
<input type="checkbox"/> CORPORATION	<input type="checkbox"/> SUBCHAPTER S	<input type="checkbox"/> LLC	<input type="checkbox"/> PARTNERSHIP	<input type="checkbox"/> PROPRIETORSHIP
OTHER CORPORATIONS, SUBSIDIARIES, AFFILIATES, ETC. - ATTACH LIST IF MORE THAN ONE				
DATE BUSINESS STARTED	CORPORATE ID #	STATE OF INCORPORATION	DATE OF INCORPORATION	FEDERAL TAX ID #

LOCATION OF CHIEF EXECUTIVE OFFICE	TELEPHONE NUMBER
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CURRENT STOCKHOLDERS AND DIRECTORS

PART III FOR CORPORATIONS

NAME	ADDRESS	% OF SHARES OWNED	TELEPHONE NUMBERS
			()
			()
			()
			()
			()

HAVE ANY OFFICERS/STOCKHOLDERS LOANED THE CORPORATION MONEY?	IF YES, HOW MUCH?	IS LOAN SECURED?
<input type="checkbox"/> YES <input type="checkbox"/> NO		<input type="checkbox"/> YES <input type="checkbox"/> NO

PART IV

FOR PARTNERSHIPS

NAME OF PARTNER	RESIDENCE ADDRESS	
TELEPHONE NUMBERS	SOCIAL SECURITY NUMBER	INTEREST IN OTHER FIRMS
NAME OF PARTNER	RESIDENCE ADDRESS	
TELEPHONE NUMBERS	SOCIAL SECURITY NUMBER	INTEREST IN OTHER FIRMS
ENCLOSE COPY OF PARTNERSHIP AGREEMENT		

PART V FOR PROPRIETORSHIPS

OWNER'S NAME	RESIDENCE ADDRESS	
TELEPHONE NUMBERS	SOCIAL SECURITY NUMBER	INTEREST IN OTHER FIRMS
OWNER'S NAME	RESIDENCE ADDRESS	
TELEPHONE NUMBERS	SOCIAL SECURITY NUMBER	INTEREST IN OTHER FIRMS

LIST OF YOUR LARGEST SUPPLIERS

PART VI TRADE INFOR- MATION	NAME	ADDRESS, CITY, STATE, ZIP	TELEPHONE NUMBER	FAX NUMBER	

PART VII BANK INFORMATION	BANK NAME		BANK NAME	
	ADDRESS		ADDRESS	
	CITY	STATE	CITY	STATE
	ZIP	TELEPHONE NUMBER	ZIP	TELEPHONE NUMBER
	TYPE OF ACCOUNT		ACCOUNT NUMBER	
	<input type="checkbox"/> CHECKING <input type="checkbox"/> LOAN/LINE OF CREDIT <input type="checkbox"/> SECURED <input type="checkbox"/> UNSECURED		<input type="checkbox"/> CHECKING <input type="checkbox"/> LOAN/LINE OF CREDIT <input type="checkbox"/> SECURED <input type="checkbox"/> UNSECURED	
LOAN OFFICER OR CONTACT		LOAN OFFICER OR CONTACT		

PART VIII SECURITY INFORMATION	ARE YOUR INVENTORIES PLEDGED TO ANY BANK OR SUPPLIER?
	<input type="checkbox"/> YES <input type="checkbox"/> NO IF YES, TO WHOM ARE THEY PLEDGED?
	ARE ANY OF YOUR SUPPLIERS SECURED BY THE FOLLOWING:
	<input type="checkbox"/> SECURITY AGREEMENT <input type="checkbox"/> SUBORDINATION AGREEMENT <input type="checkbox"/> PERSONAL GUARANTY <input type="checkbox"/> CORPORATE GUARANTY <input type="checkbox"/> LETTER OF CREDIT PLEASE NAME SUPPLIER(S)

PART IX GENERAL INFORMATION	HAVE YOU EVER FILED ANY PROCEEDING UNDER THE BANKRUPTCY CODE OR BEEN A MAJOR STOCKHOLDER, OWNER, OFFICER OR EMPLOYEE OF A CORPORATION THAT WAS IN A BANKRUPTCY PROCEEDING?			
	<input type="checkbox"/> YES <input type="checkbox"/> NO IF YES, WHEN AND WHERE DID THE BANKRUPTCY PROCEEDING OCCUR AND WHAT WAS YOUR RELATIONSHIP WITH THE COMPANY?			
	NAME OF YOUR INSURANCE COMPANY AND AGENT			
	ADDRESS	CITY	STATE	ZIP
	PHONE NUMBER	INSURANCE POLICY NUMBER		

AS AN AUTHORIZED REPRESENTATIVE OF THE APPLICANT, I AUTHORIZE WEA TO OBTAIN SUCH CREDIT INFORMATION AS IS NECESSARY, INCLUDING BANK AND TRADE REFERENCES, TO PROCESS THIS REQUEST FOR CREDIT. I UNDERSTAND YOU WILL RELY ON THE INFORMATION CONTAINED HEREIN AND THE ATTACHED FOR THIS PURPOSE, AND CERTIFY THAT, TO MY KNOWLEDGE, IT IS, IN ALL RESPECTS, COMPLETE, ACCURATE AND TRUTHFUL.

COMPANY NAME	AUTHORIZED SIGNATURE	TITLE	DATE
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