

# LUKAS MEDIA

<p><b>Vendor Setup Info</b></p> <p>Established in 2004          Business Focus: Christian DVDs and Oriental gifts from Turkey.          CBA Distributor Member          Oklahoma Resale # 899870</p> <p>Owner/Principal:          Enis Sakirgil          ESakirgil@FamilyChristianMovies.com          Phone: 918-481-9999</p>	<p><i>Warehouse Addresses</i></p> <p>Anchor Distributors          C/O Lukas Media          1030 Hunt Valley Circle          New Kensington, PA 15068</p> <p><i>Business Address</i>          Lukas Media LLC          PO Box 1172          Jenks OK 74037</p> <p><i>Fax</i>          888-833-0151</p>
<p><i>Accounts Receivable:</i>          Ali Warner          PO Box 1172          Jenks OK, 74037          Make Checks Payable to: <i>Lukas Media LLC</i>          Ali@FamilyChristianMovies.com</p>	<p><i>Submitting POs Requesting Returns</i>          Jake Olson          651-204-6733 (ph) 888-833-0151(fax)          JDolson@FamilyChristianMovies.com</p>
<p><i>Payment Methods</i>          Check (within 30 days payment terms)          Prepayment with Visa or MasterCard</p>	<p><i>Returns:</i>          Unopened, undamaged, unaltered product can be returned within 90 days of purchase. Please obtain approval prior to returning product.</p>
	<p><i>Payment Terms:</i>          On all standard orders, full payment is due 30 days from the date of shipment. Customers wishing to pay with credit card must notify at the time of shipment and prepay.</p>

Lukas Media LLC/ Colossian Gifts  
**CREDIT APPLICATION FOR A WHOLESALE ACCOUNT**

--Confidential--

PLEASE FAX, (888-833-0151) E-MAIL (JDOLSON@FAMILYCHRISTIANMOVIES.COM)  
 OR MAIL TO: LUKAS MEDIA PO BOX 1172 – JENKS OK 74037 - FAX: 888-833-0151

**BUSINESS INFORMATION**

Your Name:		Title:	
Company name:		Type of Business: <i>retail store, church, e-commerce,</i>	
Phone:	Fax:	E-mail:	
Registered company address:			
City:		State:	ZIP Code:
Date business commenced:		Resale or Tax ID#:	
Business Type (Circle one) Sole proprietorship Partnership Corporation Other _____			
Accounts Payable:		Buyer:	
Estimated Monthly Credit Needed:			

**OWNER INFORMATION  
 IF CORPORATION, PLEASE STATE PRINCIPALS**

President/Owner:	Phone:	Social Security #:
Home Address:		

**BANK INFORMATION**

Bank Name/Address:	
Phone Number:	Account Number:

**BUSINESS/TRADE REFERENCES**

<b>Company name:</b>			
Address:			
City:		State:	ZIP Code:
Phone:	Fax:	E-mail:	
Type of account:			
<b>Company name:</b>			
Address:			
City:		State:	ZIP Code:
Phone:	Fax:	E-mail:	
Type of account:			
<b>Company name:</b>			
Address:			
City:		State:	ZIP Code:
Phone:	Fax:	E-mail:	
Type of account:			

**AGREEMENT**

1. All invoices are to be paid according to the terms on the invoice.
2. Claims arising from invoices must be made within seven working days.
3. By submitting this application, you authorize Lukas Media LLC. to make inquiries into the banking and business/trade references that you have supplied.
4. I have read and understand the payment and return policies in the vendor info sheet

**SIGNATURES**

Title: Date:	Title: Date:
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