



1015 N Hollywood Way, Burbank, CA 90038 • Tel. (818) 487-5000 • Fax (323) 464-1518

Line of Credit Requested: _____
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## CREDIT APPLICATION

Thank you for your interest in opening an account with us. Please fill out the following information and submit it to our accounting department.  
Please note that we are a net 30 day company AOC. This form must be completed in its entirety.

Company Name:			Parent Company (if applicable):		
Address:			E-mail Address:		
City:		State:		Zip:	
Contact:			Phone:		Fax:
Date Business Established:					
Form of Organization: <input type="checkbox"/> Individual <input type="checkbox"/> Partnership <input type="checkbox"/> Corporation <input type="checkbox"/> LLC					D&B No.:
Fed Tax I.D. No. or S.S. No. of Principal:			Resale Number:		
Principal Name:			Principal Name:		
Home Address:			Home Address:		
City:		State:	City:		Zip:
Home Phone:			Home Phone:		
Name of Bank:			Branch:		
Address:					
City:		State:		Zip:	
Contact:			Phone:		Fax:
Type of Account:			Account No.:		
Trade Preference Name:			Trade Preference Name:		
Address:		City:		Address:	
Fax Number:		Phone:		Fax Number:	
Contact:			Contact:		
Trade Reference Name:			Trade Reference Name:		
City:		Phone:		City:	
Fax Number:			Fax Number:		

Customer hereby warrants that the above information is true and correct and that the representations herein are made for the purpose of inducing the extension of credit to the undersigned. It is understood that you agree to pay all reasonable attorney's fees and court costs in the event legal action is needed to secure payment of proper charges to your account. Customer further agrees to pay a surcharge on all invoices 30 days past due in the amount of 1½% per month on the unpaid balance, representing an annual charge of 18%. This application must be signed by corporation officer, LLC member, partner or sole proprietor.

Signed: \_\_\_\_\_ Title: \_\_\_\_\_  
 Print: \_\_\_\_\_ Date: \_\_\_\_\_