



3000 W. EMPIRE AVENUE BURBANK, CA 91504
818-561-4550

CONFIDENTIAL CREDIT APPLICATION

Email completed form to: espart4film@gmail.com

Business Name: _____

Billing Address: _____

Accounts Payable Contact: Name _____ Email: _____

Art Dept. Phone (____) _____ ACCTG Phone (____) _____

Business Type (circle one): Corporation Partnership Individual/Sole Proprietorship

If Incorporated: FEDERAL I.D.# _____ OR: Social Security # _____

BANK REFERENCE

Bank Name _____ Branch _____

Address _____ Account

Number _____ Phone (____) _____ Contact name at bank

that will verify account _____

CREDIT REFERENCES (Provide 3 Business References below)

Name	Address	Phone
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A. _____

B. _____

C. _____

IMPORTANT: Please read prior to signing this application. If Credit is extended to us based on these representations, undersigned agrees to pay any obligations due in accordance with the terms established by our company, namely Net 30. Undersigned agrees herewith to pay reasonable attorney's fees, court costs, and interests in the event it becomes necessary to place any account owing by me/us in the hands of any attorney or any legal action for the collection of monies owed on the basis of representation given in this credit application. If a corporation, undersigned personally guarantees payment of corporate account. Applicant, by signing, acknowledges reading and agreeing to all terms on this application. This document must be signed by owner, corporate officer, or authorized representative.

Print Name _____ Date _____

Signature _____