



CREDIT APPLICATION

FIRM NAME _____ PHONE NO. _____ FAX NO. _____

ADDRESS _____ CITY _____ STATE _____ ZIP _____

CORPORATION PARTNERSHIP SOLE PROPRIETOR LIMITED PARTNERSHIP LIMITED LIABILITY

PLEASE SPECIFY NAMES AND TITLES OF OFFICERS:

Name _____ Title _____ Name _____ Title _____

Name _____ Title _____ Name _____ Title _____

Name _____ Title _____ Name _____ Title _____

FEDERAL ID NO _____ YEARS ESTABLISHED _____ INCORPORATED? _____

IF YES, UNDER LAWS OF WHICH STATE? _____ TYPE OF COMPANY _____

BILLING ADDRESS _____ CITY _____ STATE _____ ZIP _____

PERSONS AUTHORIZED TO USE ACCOUNT

PROPERTY MASTER _____

SET DECORATOR _____

COSTUMER _____

OTHER _____

REFERENCES - IF POSSIBLE USE REFERENCES IN THE INDUSTRY

BANK NAME _____ DATE OPENED _____ ACCOUNT NO. _____

ADDRESS _____ CONTACT PERSON _____ PHONE NO. _____

CITY _____ STATE _____ ZIP _____

1. NAME _____ PHONE NO. _____ FAX NO. _____

ADDRESS _____ CITY _____ STATE _____ ZIP _____

2. NAME _____ PHONE NO. _____ FAX NO. _____

ADDRESS _____ CITY _____ STATE _____ ZIP _____

3. NAME _____ PHONE NO. _____ FAX NO. _____

ADDRESS _____ CITY _____ STATE _____ ZIP _____

4. NAME _____ PHONE NO. _____ FAX NO. _____

ADDRESS _____ CITY _____ STATE _____ ZIP _____

ADDITIONAL INFORMATION

AMOUNT OF CREDIT LINE REQUESTED _____

IS ACCOUNT BEING OPENED FOR A SPECIFIC PROJECT? YES _____ NO _____

IF YES, NAME OF PROJECT _____ START DATE _____ WRAP DATE _____

DOES YOUR COMPANY REQUIRE PURCHASE AND/OR RENTAL ORDER NUMBERS FOR PAYMENT? YES _____ NO _____

OUR TERMS ARE NET 30 DAYS

AUTHORIZED SIGNATURE _____ TITLE _____

NAME (Please Print) _____ DATE _____