

CREDIT APPLICATION

Date: _____
Company Name: _____
Film Title: _____
Address: _____
City: _____ State: _____ Zip: _____
Phone # _____ Fax # _____
Federal ID # or Social Security # _____

Name of people authorized to use Big Time's services:

Name: _____ Title: _____
Name: _____ Title: _____
Name: _____ Title: _____

Principals of the company:

Name: _____ Title: _____
Name: _____ Title: _____
Name: _____ Title: _____

Accountant's Name: _____
Phone # _____ Fax # _____

Business References: (Please list three LOCAL references)

Company Name: _____ Contact: _____
Address: _____ Phone: _____
City: _____ State: _____ Zip: _____
Company Name: _____ Contact: _____
Address: _____ Phone: _____
City: _____ State: _____ Zip: _____
Company Name: _____ Contact: _____
Address: _____ Phone: _____
City: _____ State: _____ Zip: _____

Bank Reference: _____
Bank Name: _____ Contact: _____
Bank Account # _____
Address: _____ State: _____ Zip: _____

I authorize investigation of all statements contained in this application. I understand that misrepresentation or omission of facts called for is cause for termination of credit. Further, I understand and agree that my account will be discontinued if payments are not made within thirty (30) days.

Signature: _____ Date: _____

Printed Name: _____ Title: _____