

# ScreenLight & Grip

144 Moody St. Ste 27  
 Waltham, Ma 02453-5332  
 Phone: 781-899-3633 Fax:781-899-3833

<b>APPLICATION FOR CREDIT (must be filled out completely)</b>			<b>Date</b>
Trade Name _____			
Address _____	City _____	State _____	Zip _____
Accounts Payable Contact Person _____	Phone (    ) _____		
Authorized Officer/Person _____	Phone (    ) _____		
Are Purchase Orders Required? _____	Yes _____	No _____	
Please Circle One _____	Individual _____	Partnership _____	Corporation _____
Federal Tax or SS Number _____			
<i>PLEASE ATTACH SIGNED RESALE/EXEMPT CERTIFICATE TO DEDUCT SALES/USE TAX</i>			
Type of Business _____		Date Started _____	
Bank Reference _____	Contact _____	Account # _____	
Bank Address and Phone _____			

Please List four ACTIVE Credit Refereneeces Include COMPLETE Address and Phone Number

Name	Address	City	St	Zip	Phone

Applicant's signature attests financial responsibility, ability and willingness to pay invoices in accordance to terms as outlined below. The above information as well as that given on the reverse side is for the purpose of obtaining credit and is warranted to be true.

I/We Hereby authorize the firm to whom this application is made to investigate the reference listed pertaining to my/our credit and financial responsibility.

Firm Name \_\_\_\_\_

By \_\_\_\_\_

Title \_\_\_\_\_

Date \_\_\_\_\_

Any unpaid Balnace after thirty (30) days will be subject to 1.5% service charge per month. Collection costs such as attorney fees, storage, advertising, accounting and all costs incurred through outside collection services are to be paid by debtor.

The information requested is for the purpose of establishing an account and/or credit terms with ScreenLight Productions, Inc. I/We authorize the firm to whom this application is made to investigate the references listed pertaining to my/our credit and financial responsibility.

Company Name: \_\_\_\_\_

Signature: \_\_\_\_\_

Print: \_\_\_\_\_ Title: \_\_\_\_\_

Date: \_\_\_\_\_