

Credit Application

APPLICANT'S BUSINESS NAME			CONTACT NAME		
ADDRESS1			PHONE:		
CITY	STATE	ZIP CODE	FAX		
ADDRESS2			PHONE		
CITY	STATE	ZIP CODE	FAX		
TYPE OF ORGANIZATION					
PROPRIETORSHIP	PARTNERSHIP	CORPORATION	SOLE PRACTITIONER	OTHER (specify)	
DATE BUSINESS STATED	DATE INCORPORATED	STATE	FEDERAL ID#	DUNS#	RESALE#

INFORMATION ON PROPRIETORS, PARTNERS OR COMPANY OFFICERS

NAME	TITLE	
HOME ADDRESS	HOME PHONE	SSN
NAME	TITLE	
HOME ADDRESS	HOME PHONE	SSN

AFFILIATES, SUSIDIARIES AND ACCOUNTANT

NAME OF AFFILIATE OR SUBSIDIARY	RELATIONSHIP TO CLIENT	
ADDRESS	HOME PHONE	SSN
NAME OF ACCOUNTANT		
ADDRESS	PHONE	FAX

BANK REFERENCE

NAME OF BANK	ACCOUNT #	
ADDRESS OF BRANCH	PHONE	FAX

TRADE REFERENCES

NAME OF REFERENCE	ACCOUNT#	
ADDRESS	PHONE	FAX
NAME OF REFERENCE	ACCOUNT#	
ADDRESS	PHONE	FAX
NAME OF REFERENCE	ACCOUNT#	
ADDRESS	PHONE	FAX

TYPE OF BUSINESS									
ENTERTAINMENT	TV	THEATRICAL	COMMERCIAL	EDUCATIONAL	HOTEL	INDUSTRIAL	PR/MARKETING	OTHER	

For the purpose of obtaining from World of Video & Audio (WOVA), any service or materials on credit, or other extension of credit or other financial accommodation, the following information can be relied upon as complete, accurate and truthful to the best of my/our knowledge. I understand that all invoices are **net 30 days** and that overdue balances may be placed for collection and a service charge of 1.5% per month will be charged.

APPLICANT NAME (please print)	TITLE
SIGNATURE	DATE