



CREDIT APPLICATION

COMPANY INFORMATION

Company Name: _____
Address: _____
City, State, Zip _____
Tel: _____ Fax: _____
e-mail: _____
Web site: _____
Billing Address (if different than above): _____
Federal ID#: _____
DUNS #: _____
of years in business under this name: _____
Do you own your premises? [] yes [] no
Annual Sales Volume: \$ _____
Credit Line Requested: \$ _____
Payment Personally Guaranteed? [] yes [] no
By: _____
Corporate Officers:
President: _____
Vice President: _____
Secretary/Treasurer: _____
Personnel authorized to purchase: _____

OWNERSHIP

Name of Owner #1 _____
Home Address: _____
City, State, Zip _____
Name of Owner #2 _____
Home Address: _____
City, State, Zip _____

All Statements made herein are true and accurate to the best of our knowledge. We authorize Elite Screens, Inc. to make any and all necessary inquiries for action on this credit application. We hereby indemnify Elite Screens, and its agents, from liability resulting from their credit survey. We understand that the credit terms are **NET 30 days**.

AUTHORIZED SIGNATURE: _____

TITLE: _____ DATE: ____/____/____

TRADE REFERENCES

1. Company _____
Address _____
City, State, Zip _____
Tel: _____ Fax: _____
Contact person: _____
2. Company _____
Address _____
City, State, Zip _____
Tel: _____ Fax: _____
Contact person: _____
3. Company _____
Address _____
City, State, Zip _____
Tel: _____ Fax: _____
Contact person: _____

BANK REFERENCE

Bank Name: _____
Address: _____
City, State, Zip _____
Tel: _____ Fax: _____
Contact person: _____
Account number: _____

For internal use only:

Credit limit \$ _____ Date: _____
Approval #1: _____
Approval #2: _____

PLEASE RETURN THIS APPLICATION WITH A COPY OF YOUR RESALE CERTIFICATE.

Elite Screens, Inc.

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Garden Grove, CA 98241
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Fax: 562-483-8498
Email : accounting@elitescreens.com