

# CinemaWorks

digital cinema rental, sales & supplies

(310) 591 - 2100 Fax (310) 591 - 2211

## Credit Application Form

FIRM LEGAL NAME \_\_\_\_\_

TRADE NAME \_\_\_\_\_

STREET ADDRESS (NO P.O. BOXES) \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP CODE \_\_\_\_\_

PHONE NUMBER \_\_\_\_\_ FAX NUMBER \_\_\_\_\_

EMAIL \_\_\_\_\_ WEBSITE \_\_\_\_\_

TAX ID NUMBER \_\_\_\_\_ DATE BUSINESS OPENED \_\_\_\_\_

TYPE OF BUSINESS \_\_\_\_\_

### OWNERS/OFFICERS

### TITLE

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

### INDUSTRY TRADE REFERENCES ( WITH TERMS)

COMPANY NAME \_\_\_\_\_

ADDRESS \_\_\_\_\_

CITY, STATE, ZIP CODE \_\_\_\_\_

ACCOUNT # \_\_\_\_\_

PHONE # \_\_\_\_\_

FAX# \_\_\_\_\_

COMPANY NAME \_\_\_\_\_

ADDRESS \_\_\_\_\_

CITY, STATE, ZIP CODE \_\_\_\_\_

ACCOUNT # \_\_\_\_\_

PHONE # \_\_\_\_\_

FAX# \_\_\_\_\_

COMPANY NAME \_\_\_\_\_

ADDRESS \_\_\_\_\_

CITY, STATE, ZIP CODE \_\_\_\_\_

ACCOUNT # \_\_\_\_\_

PHONE # \_\_\_\_\_

FAX# \_\_\_\_\_

### BANK REFERENCE

BANK NAME \_\_\_\_\_

ADDRESS \_\_\_\_\_

CITY, STATE, ZIP CODE \_\_\_\_\_

CONTACT \_\_\_\_\_

ACCOUNT # \_\_\_\_\_

PHONE # \_\_\_\_\_

FAX# \_\_\_\_\_

MONTHLY LINE OF CREDIT REQUESTED \_\_\_\_\_ DATE \_\_\_\_\_

SIGNATURE \_\_\_\_\_ TITLE \_\_\_\_\_

I/We acknowledge the information above to be true. I authorize the person to whom this is submitted to investigate the references as so desired.