



Confidential Credit Application

(submission of application does not guarantee credit approval)

PRINT ALL INFORMATION

7344 S.Alton Way; Ste 8-D; Centennial,CO 80112

Company Name	Date of Application
	____/____/____

Billing Address	DUNS Number

City	State	Zip /Postal Code	Web Address

Telephone Number	Facsimile Number

SHIPPING ADDRESS (if not the same as billing)

Ship To Address	Suite or Apt #

City	State	Zip /Postal Code

COMPANY DETAILS

Parent Company (if applicable)

Address	Suite or Apt #

City	State	Zip /Postal Code

Business Type
<input type="checkbox"/> Corporation <input type="checkbox"/> Partnership <input type="checkbox"/> LLC <input type="checkbox"/> Proprietorship <input type="checkbox"/> Other _____

State of Incorporation	Date Business Started

Fed ID Number	Tax Exempt
	<input type="checkbox"/> NO <input type="checkbox"/> Yes (copy of exempt license required)

Owner	Telephone	Email

President	Telephone	Email

Vice President	Telephone	Email

Accounts Payable	Telephone	Email

Sales Manager	Telephone	Email

ORDERING

Purchase Orders Required? No Yes

Authorized Buyers:

Name	Title	Email

Name	Title	Email



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BANK REFERENCES

Bank Name		Checking Account Number	
Address		Savings Account Number	
City	State	Zip /Postal Code	
Account Officer		Telephone Number	
E-Mail Address		Facsimile Number	

TRADE REFERENCES (YOU MUST PROVIDE THREE CURRENT TRADE REFERENCES)

Company Name		Contact Name	
Address		Email Address	
City	State	Zip /Postal Code	Facsimile Number
Acct Number	Telephone Number	Facsimile Number	
Company Name		Contact Name	
Address		Email Address	
City	State	Zip /Postal Code	Facsimile Number
Acct Number	Telephone Number	Facsimile Number	
Company Name		Contact Name	
Address		Email Address	
City	State	Zip /Postal Code	Facsimile Number
Acct Number	Telephone Number	Facsimile Number	

By checking here, I hereby certify that the above information is true and correct to the best of my knowledge and that if the foregoing application is made on behalf of a corporation, that I am authorized by its Board of Directors to sign the application on their behalf.

By:		Cinema Shot 7344 S.Alton Way; Ste 8-D Centennial, CO 80112 Fax: 303-997-5642
Print Name:		
Title	Date ___/___/___	



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Authorization to Obtain Credit Information:

The information contained herein is submitted by the undersigned for the purpose of obtaining credit. The undersigned expressly agrees to make payment in full to Cinema Shot for all purchases/rentals/services in accordance with the invoice terms. Should the undersigned default on any such payment, the undersigned expressly agrees to pay a late service charge on any amounts in default at the maximum rate permitted by law, and, at Cinema Shot's option, all amounts owed Cinema Shot by the undersigned shall become immediately due and payable. The undersigned further agrees to pay all reasonable attorney's fee and all other costs and expenses incurred by Cinema Shot in the collection of the obligation of the undersigned pursuant hereto.

This agreement shall become effective when accepted by the Cinema Shot Credit Department. The undersigned shall not transfer nor assign this agreement without prior written consent of Cinema Shot.

I hereby give consent to obtain Credit information with regard to the opening of this account from the supplied references, our bank and any credit reporting agency that Cinema Shot may select.

This Agreement will be governed by and construed in accordance with the laws of the State of Colorado.

By:
Print Name:
Title: Date ___/___/___

TAX INFORMATION

Blanket Sales Tax Resale (Exemption) Certificate:

Purchaser hereby certifies that:

1. Purchaser holds valid Resale Tax License number _____, issued under the Sales Tax Law of the State of _____.

(Attach a copy of your resale tax license to the application)

2. The tangible property purchased on each order we shall give, unless such order shall otherwise specify and until this notice is revoked by us in writing, is (check one):

For resale reported on Sales Tax Filings as sales of tangible personal property.

Exempt because we are a Tax Exempt Institution.

(Attach a copy of Tax Exempt Licesne and/or Letter to the applciation)

Exempt for other reasons. Please explain: _____

Fully taxable on all items purchased.

The undersigned further certifies that he/she will assume liability for payment of tax if the property herein purchased in such a manner as to render the sales subject to tax.

By:
Print Name:
Title: Date ___/___/___

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