



401 west ontario
 suite 250 chicago, il 60610
 phone: 312.863.3456 fax: 312.863.3455

CREDIT APPLICATION

BUSINESS INFORMATION

BUSINESS DESCRIPTION

NAME OF BUSINESS			NO. OF EMPLOYEES	IN BUSINESS SINCE	CREDIT REQUESTED
LEGAL NAME (IF DIFFERENT)			WHAT DOES BUSINESS DO?		
ADDRESS			BUSINESS ORGANIZATION:		
CITY			<input type="checkbox"/> CORPORATION <input type="checkbox"/> PARTNERSHIP <input type="checkbox"/> PROPRIETORSHIP <input type="checkbox"/> DIVISION/SUBSIDIARY		
STATE	ZIP	PHONE	PARENT COMPANY _____		
			IN BUSINESS FOR _____		

INDIVIDUALS RESPONSIBLE FOR BUSINESS TRANSACTIONS

NAME	TITLE	ADDRESS	TELEPHONE

BANK REFERENCES

NAME OF BANK	NAME TO CONTACT
BRANCH	ADDRESS
CHECKING ACCOUNT NO.	TELEPHONE NUMBER

TRADE REFERENCES

FIRM NAME	CONTACT NAME	TELEPHONE	ACCOUNT SINCE

CONFIRMATION OF INFORMATION ACCURACY AND RELEASE OF AUTHORITY TO VERIFY

I hereby certify that the information in this credit application is correct. The information included in this credit application is for use by Zacuto films Partnership in determining the amount and conditions of credit to be extended. I understand that the Zacuto films Partnership may also contact other sources of credit information which it considers necessary in making this determination. I hereby authorize the bank and trade references listed in this credit application to release the information necessary to assist the Company in establishing a line of credit.

Signature

Title

Date

POLICY STATEMENT: INITIAL ORDERS FROM NEW ACCOUNTS WILL BE PROCESSED COD
 UNLESS ACCOMPANIED BY THE ABOVE REQUESTED INFORMATION.
 TERMS: NET 30 DAYS FROM DATE OF INVOICE UNLESS OTHERWISE STATED.