FILMSOURCE
1-888-241-7775

FAX BACK TO
1-866-325-5001

Date:
Acct#:_____
Slsm#:_____

Customer Credit Information
(Failure to complete all blanks may result in a delay of processing)

Customer Name:_____ DBA:_____

Street:_____

City:_____ State:_____ Zip:_____

Telephone #: (____)_____ Fax #: (____)_____

Contact:_____ Position:_____

Type of Business:_____ Owner:_____

Credit Amount Requested: _____

Years in Business: _____

Employees: _____

of Locations: _____

Annual Sales $:_____

Corp./Partnrshp/Sole Prop./Other:_____

Fed I.D. / SS#: _____

Bank/Branch: _____

City/State/Zip: _____

Acct#: _____

Phone: (_____)_____

Contact: _____

Authorized
Signature: _____

TRADE REFERENCES

#1_____

Account#:_____

City:_____ State:_____

Phone#: (____)_____

Fax#: (____)_____

#2_____

Account#:_____

City:_____ State:_____

Phone#: (____)_____

Fax#: (____)_____

#3_____

Account#:_____

City:_____ State:_____

Phone#: (____)_____

Fax#: (____)_____

#4_____

Account#:_____

City:_____ State:_____

Phone#: (____)_____

Fax#: (____)_____

FOR OFFICE USE ONLY

Opening Date:_____ Rating:_____

Average Balance:_____

Recent High:_____	Balance:_____
Years Sold:_____	Past Due:_____
Last Sale:_____	Average:_____
Terms:_____	

Recent High:_____	Balance:_____
Years Sold:_____	Past Due:_____
Last Sale:_____	Average:_____
Terms:_____	

Recent High:_____	Balance:_____
Years Sold:_____	Past Due:_____
Last Sale:_____	Average:_____
Terms:_____	

Recent High:_____	Balance:_____
Years Sold:_____	Past Due:_____
Last Sale:_____	Average:_____
Terms:_____	

Revised 9/24/07 ~ mkw