



6826 Troost Ave, North Hollywood, CA 91605
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NEW CONFIDENTIAL CREDIT APPLICATION

Fax this completed form to : 818 503 5995 or
 e-mail to : artpicla@mac.com

Business Name: _____

Billing Address: _____

Phone (_____) _____ Fax: (_____) _____ ACCTG (_____) _____

Business Type (circle one): Corporation Partnership Individual / Sole Proprietorship

If Incorporated : State of Incorporation _____ Date of Incorporation _____

FEDERAL I.D.# _____ Social Security # _____

Owners or Officers of Firm _____

(Name and Title) _____

BANK REFERENCES

Name of Bank _____ Branch _____

Address _____

Account Number _____ Phone (_____) _____

Contact name at bank that will verify account _____

TRADE CREDIT REFERENCE

Name _____ Contact _____ Phone & Fax _____

A. _____

B. _____

C. _____

IMPORTANT: Please read prior to signing this application.

If Credit is extended to us based on these representations, we agree to pay any obligations due in accordance with the terms established by our company, namely Net 30. We agree herewith to pay reasonable attorney's fees, court costs and interests in the event it becomes necessary to place any account owing by me/us in the hands of any attorney or any legal action for the collection of monies owed on the basis of representation given in this credit application. If a corporation, we personally guarantee payment of corporate account. Applicant by signing acknowledges reading and agreeing to all terms on this application.

This document must be signed by owner or corporate officer.

Signature _____ Print Name _____ Date _____