

Pinehurst Pictures & Sound
351 Pleasant St.
PMB 435
Northampton, MA 01060
credit@pinehurstpictures.com
http://www.pinehurstpictures.com

APPLICATION FOR CREDIT

Please fill out completely to avoid delay in your credit.

Date _____ Company Name _____ Telephone Number _____

Street Address _____

City _____ State _____ Zip _____

Mailing Address (If different than above)

City _____ State _____ Zip _____

Name of Parent Company _____

Telephone Number _____ FAX Number _____

email address _____

How long in Business? _____ Type of Business: _____

Credit Limit Requested \$ _____

Purchase Order Required Yes No Tax Exempt Yes No (If yes, attach a Tax Exemption Certificate)

ACCOUNTING INFORMATION:

Accounts Payable Person _____

CORPORATION INFORMATION ONLY:

State and Date of Incorporation _____

TIN: _____

Name (President) _____ Address _____ City _____ State _____ Zip _____	Name (Treasurer) _____ Address _____ City _____ State _____ Zip _____
Name (Secretary) _____ Address _____ City _____ State _____ Zip _____	

PARTNERSHIP or SOLE PROPRIETOR INFORMATION ONLY: MUST INCLUDE SOCIAL SECURITY NUMBER

Owner's Name _____	2nd Owner's Name _____
Address _____	Address _____
City _____ State _____ Zip _____	City _____ State _____ Zip _____
Social Security Number (Required) _____	Social Security Number (Required) _____
D.O.B. _____	D.O.B. _____
Phone _____	Phone _____

TRADE REFERENCES: PLEASE INCLUDE FAX NUMBERS

Name _____	Name _____
Address _____	Address _____
City _____ State _____ Zip _____	City _____ State _____ Zip _____
Phone _____	Phone _____
Fax _____	Fax _____
Name _____	Name _____
Address _____	Address _____
City _____ State _____ Zip _____	City _____ State _____ Zip _____
Phone _____	Phone _____
Fax _____	Fax _____

BANK REFERENCE

Bank Name _____

Telephone Number _____

Account Number _____

Bank Address _____

City _____ State _____ Zip _____

Account Representative _____

*TERMS:
Statement Terms - Due upon Receipt Invoice Terms - Net 30 days

I/We agree to pay a service charge of 1.5% per month, (18% per annum) and to pay all reasonable attorney fees and court cost for the collection of any delinquent balance. A \$25.00 service charge will be assessed against applicants accounts upon receipt of any returned check by your bank. All the preceding statements are true to the best of my knowledge.

By signing below, Customer represents and warrants that: (1) Customer authorizes Pinehurst Pictures & Sound, and it's affiliates to obtain information they may consider necessary from any source; (2) The information in this credit application is true and accurate; (3) Customer acknowledges that Pinehurst Pictures & Sound participates in IRMA's Anti-Piracy Program and agrees that all intellectual property content submitted shall be subject to the terms and conditions of the program; and (4) Customer is authorized to enter into and execute this Agreement.

Signature _____

Please Print Name _____

Title _____

FOR CREDIT DEPARTMENT USE:

Salesman Name _____

Salesman Number _____

Credit Approved _____ Maximum Credit Limit \$ _____

Credit Refused _____

Signed _____

Title _____ Date _____

Fill out, print and mail or fax the application.