

Credit Application

Account Information

Company Name _____ Years in Business _____
Address _____ Federal ID# _____
City _____ State _____ Zip _____
Telephone (____) _____ Fax Number (____) _____
Is tax exemption claimed? _____ If so, please fill out the included tax exemption form.
E-Mail Address _____ URL _____

Ownership

____ Corporation ____ Partnership ____ Sole Proprietorship ____ dba ____ Other

Principles: _____ Title _____
 _____ Title _____
 _____ Title _____

Accounts Payable : _____ Title _____

Credit References

Supplier _____ Phone _____
Address _____ **Fax Number** _____
Contact Person _____ Years associated? _____

Supplier _____ Phone _____
Address _____ **Fax Number** _____
Contact Person _____ Years associated? _____

Supplier _____ Phone _____
Address _____ **Fax Number** _____
Contact Person _____ Years associated? _____

Bank Information

Name of Bank _____ Phone _____
Address _____ Account No. _____
Bank Manager _____ Additional Account No. _____

By signing this form, you are indicating that you agree to conduct business under the Mid America Cine' Support, Inc. Rental Agreement.

Signed _____ Name & Title _____
Date ____/____/____