

Credit Application

BUSINESS / PERSONAL INFORMATION					
Legal Name			DBA		
Address					
Address Line 2					
City		State		ZIP	Country
Phone			Website		
Fed ID / SSN		Tax Exempt?	Yes	No	(If Yes, please include Tax Exempt Form with this application.)
Date Established		Entity	Sole Proprietorship	Partnership	Corporation
Other (specify)					
PRINCIPAL OFFICERS, OWNERS, PARTNERS					
Name			Title		
Name			Title		
Name			Title		
PURCHASER INFORMATION					
Name			Title		
Direct Phone #			Direct Email		
AbelCine Representative					
ACCOUNTS PAYABLE INFORMATION					
Billing Address					
Billing Address - Line 2					
City		State		ZIP	Country
Contact Name			Title		
Direct Phone #			Direct Email		
Purchase Order Number Required?		Yes	No		
BANK REFERENCE					
Bank			Checking Acct #		
Phone		Email		Contact Person	
Address					
City		State		ZIP	Country
TRADE REFERENCES					
NOTE: To expedite the application process, please indicate each reference's account representative and email.					
Company			Account #		
Address					
Contact			Phone		
Email					
Company			Account #		
Address					
Contact			Phone		
Email					
Company			Account #		
Address					
Contact			Phone		
Email					

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Credit Application

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CREDIT CARD INFORMATION

Credit Card	Visa	American Express	Mastercard	Discover
Card Number			Security Code	Expiration Date
Billing Address				
City	State	ZIP	Country	

TERMS AND CONDITIONS

By signing this application, I allow ABEL CINE TECH, INC / ABEL CINE GROUP LLC the rights to information needed to process our new account. The said persons and/or companies listed above are hereby authorized and directed to release such information to ABEL CINE TECH, INC / ABEL CINE GROUP LLC.

By signing this application, I agree to pay 1% interest each month on past due balances. I authorize ABEL CINE TECH, INC / ABEL CINE GROUP LLC to charge my credit card against any balances that are past due. Finally, I agree to pay any cost incurred in association with collection of past due balance.

Officer's Signature	Date
Name	Title