



NT Audio Video Film Labs

1833 Centinela Avenue
Santa Monica, CA 90404
Phone: (310) 828-1098
FAX: (310) 828-9737

APPLICATION FOR CREDIT

Company _____ Phone _____
Address _____ FAX _____
City _____ State _____ Zip _____
Federal Tax ID/SS# _____ Amount Requested _____
Type of Business _____ President _____
Year Established _____ Partnership? _____ Proprietorship? _____ Corporation? _____
State _____ Contact _____

TRADE REFERENCE

Company _____ FAX _____
Address _____
City _____ State _____ Zip _____
Phone _____ Contact _____

Company _____ FAX _____
Address _____
City _____ State _____ Zip _____
Phone _____ Contact _____

Company _____ FAX _____
Address _____
City _____ State _____ Zip _____
Phone _____ Contact _____

Company _____ FAX _____
Address _____
City _____ State _____ Zip _____
Phone _____ Contact _____

BANK REFERENCE

Bank _____
Branch _____ Account # _____
Phone _____ Contact _____

I personally warrant that the information contained in this credit application, and all financial information supplied to NT Audio Video Film Labs is true and correct. I hereby authorize NT Audio Video Film Labs to contact all references listed herein in connection with this application. I understand that I am granting to NT Audio Video Film Labs a security interest in all items or services purchased by my company or me personally from NT Audio Video Film Labs and that in the event of non-payment, NT Audio Video Film Labs shall have all the right of a secured party under the California Commercial Code, including without limitation the right to repossess the collateral.

Signed _____ Title _____
The signature above hereby acknowledges and accepts all terms and conditions on the reverse side.
Print Name _____ Date _____

AUTHORIZATION TO RELEASE INFORMATION

NT Audio Video Film Labs and *its credit reporting agency* are hereby authorized to request all necessary credit information from the references and banks given on the attached credit application and agreement, to assist in their extension of credit to the undersigned.

The said persons, bank(s) and/or companies are hereby authorized and directed to release such information to NT Audio Video Film Labs and/or its agency upon request.

In the event that you receive a facsimile or photocopy of this authorization, it should be treated as an original and the requested information should be released.

Name: _____

Title: _____

Signature: _____

Date: _____