## **Step 4 – New Account Application**

\*\*If you would like to establish a Net 30 account with us, please check box Customer/Company Name: Year Established: Street Address: City: State: Zip Code: Fax: Operations Contact: Operations Contact Email: Accounting Contact: \_\_\_\_\_ Accounting Contact Email: \_\_\_\_\_ NYS Resale #: (attach certificate) Federal ID#: Estimated Date & Amount of First Transaction: Estimated Credit Limit per 30 day period: PLEASE NOTE: A Financial Statement is required for amounts over \$15,000 Check One: Individual ( ) Corporation ( ) Partnership ( ) NAMES OF ALL PRINCIPAL OFFICERS, GENERAL PARTNERS AND/OR OWNERS: Title Name Residential Address Telephone Fax Cell Title Name Residential Address Telephone Fax Cell ☐ Copy of valid US State ID or Passport of Owner(s) is attached. **BANK REFERENCE:** Bank Name: \_\_\_\_\_ Account Officer: \_\_\_\_\_ Address: City, State, Zip **SIGNATORY SECTION:** Failure to sign any of the 3 agreements (listed below) will delay or prevent your rental and credit application. **GUARANTY:** In order to induce Technological Cinevideo Services, Inc. to extend credit to your organization, the undersigned, individually or jointly, guaranty the due payment of all monies to be paid pursuant to each and every invoice in accordance with our above listed payment terms. Signature of Guarantor (1) **Print Name** Address Signature of Guarantor (2) **Print Name** Address

The undersigned authorizes the release of all requested credit information to TCS/Technological Cinevideo Services . Inc.

Signature **Print Name**  Date

**THREE - 3 - TRADE REFERENCES** are required: Film/Video Industry Companies preferred.

<b>DO NOT LIST ANY OF THE FOLLOWING:</b> NO Credit Cards, NO Utilities (Gas, Water, Phone, Pager, Internet etc.), NO
Attorneys, NO Accountants, NO Eastman Kodak, IBM, Xerox, 3M, Car Rentals, NOR Insurance Companies. AND NO
PERSONAL REFERENCES. Only references where prior credit (account) has been established will be accepted. COD
references will be rejected.

Company Name  #1 Contact Person	Address	City, State, Zip	Phone Fax
Company Name  #2 Contact Person	Address	City, State, Zip	Phone
Company Name  #3 Contact Person	Address	City, State, Zip	Phone

## **INSURANCE INFORMATION:**

Please double check that you have read the insurance requirements outlined earlier in this document, and signed on page 4 to indicate your agreement and compliance with our insurance terms, as indicated on page 3 and 4.

## **PAYMENT TERMS [if applicable]:**

Terms are strictly Net 30 calendar days. All payments will be made in U.S. Dollars. Any payments made after 30 calendars are subject to 1.5% (one and one half percent) monthly interest, accruing from the payment due date.

There are no exceptions to these terms.

The undersigned agrees to pay <b>COD for the first transaction after credit has been established.</b>
Name of Individual, Firm or Corporation (Please Print)
Signature of Officer, Partner or Owner