



PRISM STUDIOS, INC.

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APPLICATION FOR CREDIT

Account Name _____ Phone() _____

Street Address _____ City and State _____ Zip _____

Billing Address _____ City and State _____ Zip _____

Corporation Partnership Proprietorship Personal Date Started Business _____

Tax Exempt # _____ (please attach form)

Officers or Partners: _____ President/Partner

_____ Vice President/Partner

_____ Secretary Treasurer/Partner

Contact Person for Account Questions: _____ Phone() _____

Are Purchase Orders Required? Yes No

Approximate Annual Purchase of Digital Imaging Services \$ _____

Vendor References

Please give the full names and addresses of three companies that you currently purchase from **with** an open account. **Please do not include utility, shipping or credit card companies.**

1.(name) _____ (address) _____

(city) _____ (state) _____ (zip) _____ (phone) _____ (fax) _____

2.(name) _____ (address) _____

(city) _____ (state) _____ (zip) _____ (phone) _____ (fax) _____

3.(name) _____ (address) _____

(city) _____ (state) _____ (zip) _____ (phone) _____ (fax) _____

Bank References

(name) _____ (address) _____ (city) _____ (state) _____

(Name of bank officer to contact) _____ (telephone) _____

Checking Acct.# _____ Loan#(s) _____