



new account application

Q U I X O T E

For the purpose of procuring and establishing credit with Quixote Studios; the undersigned applicant should furnish the following information. Applicant represents and warrants said information is true and correct. The application must be completed in its entirety to expedite processing.

quixote studios store 1000 n cahuenga blvd. los angeles ca 90038 323) 960-9191 fax 323) 960-3366 www.quixote.com

business or corporate name

business street address city state zip

billing address (if different) city state zip

business telephone

main contact name

year est type of business (please check) inc. partnership other (specify)

owners

name title

home address

home phone # cell/pager

bank or saving & loan association

name branch address

account # phone #

name branch address

account # phone # contact

trade references (at least three creditors, not credit cards)

name & acct # address

phone fax

name & acct # address

phone fax

name & acct # address

phone fax

Has applicant or any of its owners, principals, partners, officers or directors ever filed a voluntary petition bankruptcy, been adjudged bankrupt or made an assignment for the benefit of creditors? No Yes. If yes, please attach a detailed explanation.

signature title

please sign and fax to 323) 960-3366

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Renter must furnish Quixote with a certificate of insurance naming Quixote Studios as “Additional Insured” and “Loss Payee” under Renter’s Comprehensive General Liability Policy.

comprehensive general liability

must be in an amount not less than:

\$1,000,000/1,000,000 bodily injury liability

\$1,000,000 property damage liability



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attn		
fax no.		
date		
credit card billing name		
billing address		
city	state	zip code
telephone number		
credit card type	visa <input type="checkbox"/>	mc <input type="checkbox"/> amex <input type="checkbox"/>
credit card number		
expiration date		
visa or mastercards 3 digit CID no. _____ (the CID no. is the 3-digit value printed on the signature panel on the back of the card, immediately following the credit card account number.)		
american express cards 3 digit CID no. _____ (the CID no. is the 4-digit, non-embossed number printed above your account number on the face of the card.)		
I authorize quixote to charge my credit card identified above for any payment for which i may become liable hereunder including the full amount of any service which remains unpaid 60 days after the date of invoice. i understand that a 3% service charge will be added to all amounts that are paid later than 30 days from the invoice date.		
authorized cardholder's signature		
print cardholder's name		
note: must have a photocopy of the credit card (front and back) and the driver's license sent back with this form.		

please sign and fax to 323) 960-3366