

FAX TO 323-983-4400

ACCOUNT APPLICATION

BUSINESS OR CORPORATE NAME		APPLICATION DATE	
BUSINESS STREET ADDRESS	CITY	STATE	ZIP
BILLING ADDRESS (IF DIFFERENT)	CITY	STATE	ZIP
BUSINESS TELEPHONE		BUSINESS FAX	
MAIN CONTACT NAME		ACCOUNTING EXT	
YEAR EST	TYPE OF BUSINESS (PLEASE CHECK)	INC. <input type="checkbox"/>	PARTNERSHIP <input type="checkbox"/> OTHER (SPECIFY) <input type="checkbox"/>

OWNERS	
NAME	TITLE
HOME ADDRESS	
HOME PHONE #	CELL/PAGER

BANK OR SAVING & LOAN ASSOCIATION		
NAME	BRANCH ADDRESS	
ACCOUNT #	PHONE #	CONTACT
NAME	BRANCH ADDRESS	
ACCOUNT #	PHONE #	CONTACT

TRADE REFERENCES (AT LEAST THREE CREDITORS, NOT CREDIT CARDS)		
NAME & ACCT #	ADDRESS	
PHONE	FAX	CONTACT
NAME & ACCT #	ADDRESS	
PHONE	FAX	CONTACT
NAME & ACCT #	ADDRESS	
PHONE	FAX	CONTACT

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	DATE
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For the purpose of procuring and establishing credit, from time with Smashbox Studios, LLC.; 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. Please mail the original of this application to the above address.

