



471 Pleasant Street, Lee, MA 01238

TEL 413-243-4950, 800-243-4950  
www.limelightproductions.com

FAX 413-243-4993, 800-243-4951

# Credit Application

Business Name \_\_\_\_\_  
 Trade Name or DBA \_\_\_\_\_ Year Started \_\_\_\_\_  
 Mailing Address \_\_\_\_\_  
 City \_\_\_\_\_  
 State \_\_\_\_\_ Zip \_\_\_\_\_  
 Phone \_\_\_\_\_ Fax \_\_\_\_\_  
 Email Address \_\_\_\_\_  
 Shipping Address \_\_\_\_\_  
 City \_\_\_\_\_  
 State \_\_\_\_\_ Zip \_\_\_\_\_  
 Tax Exempt # \_\_\_\_\_

*(Please enclose appropriate tax exemption documentation.)*

### Description of Business

Type of Business  Corporation  Partnership  Sole Proprietorship  
 Anticipated monthly volume \_\_\_\_\_  
 Amount of credit requested \_\_\_\_\_  
 Do you use purchase orders  Yes  No  
 Names of persons authorized to make purchases or sign purchase orders:  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Name of person responsible for accounts payable \_\_\_\_\_  
 Has applicant or any principal ever filed a voluntary petition in bankruptcy?  Yes  No  
 Year \_\_\_\_\_  
 Has a tax lien been filed against applicant or any principal within last six months?  Yes  No  
 Year \_\_\_\_\_

### Officers/Owners

Name \_\_\_\_\_  
 Title \_\_\_\_\_  
 Address \_\_\_\_\_  
 City \_\_\_\_\_  
 State \_\_\_\_\_ Zip \_\_\_\_\_  
 Home Phone \_\_\_\_\_ Social Security # \_\_\_\_\_  
 Name \_\_\_\_\_  
 Title \_\_\_\_\_  
 Address \_\_\_\_\_  
 City \_\_\_\_\_  
 State \_\_\_\_\_ Zip \_\_\_\_\_  
 Home Phone \_\_\_\_\_ Social Security # \_\_\_\_\_  
 Name \_\_\_\_\_  
 Title \_\_\_\_\_  
 Address \_\_\_\_\_  
 City \_\_\_\_\_  
 State \_\_\_\_\_ Zip \_\_\_\_\_  
 Home Phone \_\_\_\_\_ Social Security # \_\_\_\_\_

Property Information

Owned Year Purchased \_\_\_\_\_ Value \_\_\_\_\_ Mortgage Amount \_\_\_\_\_  
 Rented Lease Expires \_\_\_\_\_ Landlord \_\_\_\_\_

Banking Information

Bank Name \_\_\_\_\_  
Checking Account # \_\_\_\_\_ Savings Account # \_\_\_\_\_  
Account Officer \_\_\_\_\_  
Address \_\_\_\_\_  
City \_\_\_\_\_  
State \_\_\_\_\_ Zip \_\_\_\_\_

Trade References (preferably with the theatre/film/video industry)

Name \_\_\_\_\_  
Amount Owing \_\_\_\_\_  
Phone \_\_\_\_\_ Fax \_\_\_\_\_  
Address \_\_\_\_\_  
City \_\_\_\_\_  
State \_\_\_\_\_ Zip \_\_\_\_\_  
Name \_\_\_\_\_  
Amount Owing \_\_\_\_\_  
Phone \_\_\_\_\_ Fax \_\_\_\_\_  
Address \_\_\_\_\_  
City \_\_\_\_\_  
State \_\_\_\_\_ Zip \_\_\_\_\_  
Name \_\_\_\_\_  
Amount Owing \_\_\_\_\_  
Phone \_\_\_\_\_ Fax \_\_\_\_\_  
Address \_\_\_\_\_  
City \_\_\_\_\_  
State \_\_\_\_\_ Zip \_\_\_\_\_

Conditions of Sale

In consideration of Limelight Productions, Inc. extending credit to the applicant, the applicant agrees to pay for all items delivered to, or at the request of, the applicant in accordance with the terms of the invoice: Any invoice unpaid on the last day of the month in which it is due will be subject to a 2% monthly service charge, and an additional 2% service charge (annual percentage rate 24%) will be due every thirty (30) days thereafter. A waiver of any one or more service charge(s) shall not be deemed to be a waiver of any future service charge(s). Applicant further agrees that with regard to such service charges, the applicant and Limelight Productions, Inc. are parties to a written contract. Should it become necessary to place the account with a collection agency or attorney, the applicant agrees to pay all collection costs and attorney fees in addition to the other sums due. No returns without prior authorization. A 20% restocking fee may be assessed on returned merchandise. **Applicant, in signing this application, also authorizes the above listed banking and trade references to respond to credit inquires regarding applicant's account.**

\_\_\_\_\_ *Understood and Signed* \_\_\_\_\_ *Date*

Print Name \_\_\_\_\_  
Title \_\_\_\_\_