



SANTA MONICA VIDEO, INC.  
 4100 W. Alameda Avenue Ste 208  
 Burbank, CA 91505  
 O: 818.333.0333  
 F: 818.333.0344

www.smvcm.com

# Application for Credit

## Basic Information

Applicant's Business Name: \_\_\_\_\_  
 Contact Name: \_\_\_\_\_ P: \_\_\_\_\_ F: \_\_\_\_\_  
 Address 1: \_\_\_\_\_ Suite: \_\_\_\_\_  
 City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
 Address 2: \_\_\_\_\_ Suite: \_\_\_\_\_  
 City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
 Type of Organization:     Proprietorship     Partnership     Corporation     Sole Proprietor  
                                    LLC                             LLP                             Other: \_\_\_\_\_  
 Date Business Started: \_\_\_\_\_ Date Incorporated: \_\_\_\_\_ State: \_\_\_\_\_ DUNS#: \_\_\_\_\_  
 Federal ID#: \_\_\_\_\_ Resale#: \_\_\_\_\_

## Information on Accountant and Subsidiaries

Name of Accountant: \_\_\_\_\_ Title: \_\_\_\_\_  
 Email: \_\_\_\_\_ P: \_\_\_\_\_  
 Name of Accounts Payable: \_\_\_\_\_ Title: \_\_\_\_\_  
 Email: \_\_\_\_\_ P: \_\_\_\_\_

## Information on Proprietors, Partners, or Company Officers

Name 1: \_\_\_\_\_ Title: \_\_\_\_\_ SSN: \_\_\_\_\_  
 Email: \_\_\_\_\_ P: \_\_\_\_\_

## Bank Reference

Name: \_\_\_\_\_  
 Account#: \_\_\_\_\_ P: \_\_\_\_\_ F: \_\_\_\_\_  
 Branch Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

## Trade References

Name 1: \_\_\_\_\_ Title: \_\_\_\_\_  
 Email: \_\_\_\_\_ P: \_\_\_\_\_ F: \_\_\_\_\_  
 Home Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
 Name 2: \_\_\_\_\_ Title: \_\_\_\_\_  
 Email: \_\_\_\_\_ P: \_\_\_\_\_ F: \_\_\_\_\_  
 Home Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
 Name 3: \_\_\_\_\_ Title: \_\_\_\_\_  
 Email: \_\_\_\_\_ P: \_\_\_\_\_ F: \_\_\_\_\_  
 Home Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

## Credit Request

Amount of Credit Requested: \$ _____	Type of Business: <input type="checkbox"/> Theatrical <input type="checkbox"/> TV <input type="checkbox"/> Commercial <input type="checkbox"/> Educational <input type="checkbox"/> Industrial <input type="checkbox"/> Other: _____
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The undersigned has read, understands, and agrees to be bound by all Terms and Conditions of Santa Monica Video, Inc (SMV). The undersigned acknowledges that there are no Warranties, express or implied, except as set forth by SMV's Terms and Conditions. For the purpose of obtaining merchandise and/or service from SMV, the above statement in writing is made, intending that you should rely on the same as correct. Should our account become delinquent, we agree to pay any late charges and if collections is turned over to a third party, we agree to pay any and all fees incurred by SMV, including collection fees, attorney's fees, and court costs. Applicant by signing attests to financial responsibility and acknowledges reading and agreeing to all Terms and Conditions of SMV. This document must be signed by the owner/corporate officer, however, client provided summary sheets will also be considered valid, signed applications. Signature above also authorizes the release of bank and trade information to Santa Monica Video, Inc.

Name: \_\_\_\_\_ Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
**Must be signed by Proprietor, Partner, or Company Officer** Title: \_\_\_\_\_ Email: \_\_\_\_\_



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## ***Authorization to Release Information***

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Dear Prospective Client,

Please complete the following form in its entirety and be sure to have it signed by an owner or corporate officer of the company. Many financial institutions and/or references require this information before they will provide us with the information we require in order to extend credit terms to your organization. If you have any questions or require anything in this regard, please contact our sales department. Thank you for your cooperation.

### ***Authorization***

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Santa Monica Video, Inc. (SMV) and its Credit Reporting Agency, The Motion Picture & TV Credit Association are hereby authorized to request all necessary credit information from the references and banks given on the attached credit application agreement, to assist in their extension of credit to the undersigned.

The said persons, banks(s) and/or companies are hereby authorized and directed to release such information to SMV and/or its agency upon request.

In the event that you receive a facsimile photocopy or email of this authorization, it should be treated as an original and the requested information should be released.

All Information shared with Santa Monica Video, Inc. will be held in strict confidence.

Company Name: \_\_\_\_\_

Address: \_\_\_\_\_ Suite: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Authorized By:

Name: \_\_\_\_\_ Title: \_\_\_\_\_

Email: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

