

Striving Artists Credit Application  
Please print and fax to:  
818-882-2127

COMPANY INFORMATION  
(Legible print is appreciated)

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

Federal ID# \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ ZIP code \_\_\_\_\_

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

Tel: \_\_\_\_\_ - \_\_\_\_\_ Fax: \_\_\_\_\_ - \_\_\_\_\_

Contact Name \_\_\_\_\_

Title \_\_\_\_\_ Tel: \_\_\_\_\_ - \_\_\_\_\_  
Ext. \_\_\_\_\_

BANK INFORMATION  
Name \_\_\_\_\_

Account number \_\_\_\_\_ Tel: \_\_\_\_\_ - \_\_\_\_\_

TRADE REFERENCES

1.

Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_

State \_\_\_\_\_ ZIP Code \_\_\_\_\_

Tel: \_\_\_\_\_ - \_\_\_\_\_ Fax: \_\_\_\_\_ - \_\_\_\_\_

Account Number \_\_\_\_\_

2.

Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_

State \_\_\_\_\_ ZIP Code \_\_\_\_\_

Tel: \_\_\_\_\_ - \_\_\_\_\_ Fax: \_\_\_\_\_ - \_\_\_\_\_

Account Number \_\_\_\_\_

3.

Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_

State \_\_\_\_\_ ZIP Code \_\_\_\_\_

Tel: \_\_\_\_\_ - \_\_\_\_\_ Fax: \_\_\_\_\_ - \_\_\_\_\_

Account Number \_\_\_\_\_

We(I) hereby authorize the above listed bank and trade references to  
release information to Striving Artists for use in evaluation of this

credit request. We agree to comply with your terms of net 30 days and to pay interest of 1½% per month on all past due invoices. We further agree to reasonable attorney fee(s) of not less than 25% of the balance due, if the account is turned over for collection or a suit is filed.

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

Signature \_\_\_\_\_

Title \_\_\_\_\_

Striving Artists 21723 Plummer Street Chatsworth, California 91311

Tel: 818-882-8666 Fax:818-882-2127