



## Artery Props

7684 Clybourn Ave., 2<sup>nd</sup> Fl., Unit C  
 Sun Valley, CA 91352  
 PH: (877) 732-7733  
 Fax: (818) 351-7899  
 www.arteryprops.com  
 info@arteryprops.com

*Create a work of art with Artery Props*

# Credit Application Form

**Please Fax to:**  
**(818) 351-7899**

### Company Information

Company name: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_  
 Billing address: \_\_\_\_\_  
 \_\_\_\_\_  
 City/State/Zip: \_\_\_\_\_  
 Phone number: (\_\_\_\_) \_\_\_\_ - \_\_\_\_\_ Fax number: (\_\_\_\_) \_\_\_\_ - \_\_\_\_\_  
 E-mail address: \_\_\_\_\_

☐ Sole Proprietor ☐ Partnership ☐ Limited Liability Company ☐ Corporation

State Formed in: \_\_\_\_\_

FED ID#/S.S.#: \_\_\_\_\_ Date Established: \_\_\_\_/\_\_\_\_/\_\_\_\_

### Company Officers

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

### Persons Authorized To Use Account

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

### Bank Reference

Bank name: \_\_\_\_\_ Date opened: \_\_\_\_/\_\_\_\_/\_\_\_\_  
 Branch address: \_\_\_\_\_  
 \_\_\_\_\_ Ph. #: (\_\_\_\_) \_\_\_\_ - \_\_\_\_\_  
 City/State/Zip: \_\_\_\_\_ Fax #: (\_\_\_\_) \_\_\_\_ - \_\_\_\_\_  
 Account #: \_\_\_\_\_  
 Contact: \_\_\_\_\_

## Industry Credit References

1.) Company name: \_\_\_\_\_ Date opened: \_\_\_\_/\_\_\_\_/\_\_\_\_

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

Ph. #: (\_\_\_\_) \_\_\_\_ - \_\_\_\_\_

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

Fax #: (\_\_\_\_) \_\_\_\_ - \_\_\_\_\_

Contact: \_\_\_\_\_

2.) Company name: \_\_\_\_\_ Date opened: \_\_\_\_/\_\_\_\_/\_\_\_\_

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

Ph. #: (\_\_\_\_) \_\_\_\_ - \_\_\_\_\_

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

Fax #: (\_\_\_\_) \_\_\_\_ - \_\_\_\_\_

Contact: \_\_\_\_\_

3.) Company name: \_\_\_\_\_ Date opened: \_\_\_\_/\_\_\_\_/\_\_\_\_

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

Ph. #: (\_\_\_\_) \_\_\_\_ - \_\_\_\_\_

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

Fax #: (\_\_\_\_) \_\_\_\_ - \_\_\_\_\_

Contact: \_\_\_\_\_

4.) Company name: \_\_\_\_\_ Date opened: \_\_\_\_/\_\_\_\_/\_\_\_\_

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

Ph. #: (\_\_\_\_) \_\_\_\_ - \_\_\_\_\_

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

Fax #: (\_\_\_\_) \_\_\_\_ - \_\_\_\_\_

Contact: \_\_\_\_\_

## Additional Information

Is this account being opened for a specific project? ☐ Yes ☐ No

If yes, name of project: \_\_\_\_\_

Start date: \_\_\_\_/\_\_\_\_/\_\_\_\_

Wrap date: \_\_\_\_/\_\_\_\_/\_\_\_\_

Does your company require a P.O.# for payment? ☐ Yes ☐ No

## Authorized Signature

Print name: \_\_\_\_\_

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

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

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

**Artery Props' terms are Net 30 Days.**

**The minimum P.O. order is \$100.00.**

By signing this form I acknowledge that I am an authorized representative of the aforementioned company. I also understand that P.O. orders have a \$100.00 minimum after any eligible discounts. I further understand that the copyrighted designs we will be renting will be licensed for a one-time use only and any duplication or redistribution is strictly prohibited and is punishable by law.