



Credit Application

BUSINESS / PERSONAL INFORMATION

Legal Name		DBA	
Address			
Address Line 2			
City	State	ZIP	Country
Phone		Website	
Fed ID / SSN	Tax Exempt?	Yes	No (If Yes, please include Tax Exempt Form with this application.)
Date Established	Entity	Sole Proprietorship	Partnership Corporation Other (specify)

PRINCIPAL OFFICERS, OWNERS, PARTNERS

Name	Title
Name	Title
Name	Title

PURCHASER INFORMATION

Name	Title
Direct Phone #	Direct Email
AbelCine Representative	

ACCOUNTS PAYABLE INFORMATION

Billing Address			
Billing Address - Line 2			
City	State	ZIP	Country
Contact Name		Title	
Direct Phone #		Direct Email	
Purchase Order Number Required?		Yes	No

BANK REFERENCE

Bank		Checking Acct #	
Phone	Email	Contact Person	
Address			
City	State	ZIP	Country

TRADE REFERENCES

NOTE: To expedite the application process, please indicate each reference's account representative and email.

Company		Account #	
Address			
Contact	Phone	Email	
Company		Account #	
Address			
Contact	Phone	Email	
Company		Account #	
Address			
Contact	Phone	Email	

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Credit Application

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CREDIT CARD INFORMATION

Credit Card	<input type="checkbox"/> Visa <input type="checkbox"/> American Express <input type="checkbox"/> Mastercard <input type="checkbox"/> Discover		
Card Number	Security Code	Expiration Date	
Billing Address			
City	State	ZIP	Country

AUTHORIZATIONS

By signing this application, I allow ABELCINE, INC / ABELCINE GROUP LLC the rights to information needed to process our new account. The said persons and/or companies listed above are hereby authorized and directed to release such information to ABELCINE, INC / ABEL CINE GROUP LLC.

By signing this application, I agree to pay 1% interest each month on past due balances. I authorize ABELCINE, INC / ABELCINE GROUP LLC to charge my credit card against any balances that are past due. Finally, I agree to pay any cost incurred in association with collection of past due balance.

Officer's Signature	Date
Name	Title