



5614 Cahuenga Blvd. North Hollywood, CA 91601 | T. (818) 284. 6260 | F. (818) 985. 6260 | www.goedit.tv

CREDIT APPLICATION

DATE: _____ SALES PERSON: _____
 CUSTOMER/ACCOUNT NAME _____ FEDERAL ID #: _____

ADDRESS: _____ TELEPHONE: _____
 CITY: _____ STATE: _____ ZIP: _____ FAX: _____

ACCOUNTS PAYABLE CONTACT PERSON _____ EMAIL: _____

AMOUNT OF CREDIT REQUESTED _____ TERMS REQUESTED _____
 \$ _____ NET 15 () NET 30 ()

OWNERSHIP _____
 () CORPORATION () PARTNERSHIP () PROPRIETORSHIP
 TYPE OF BUSINESS _____ YEARS AT PRESENT LOCATION _____

NAME (OWNER OR OFFICERS) _____ TITLE _____ SOCIAL SECURITY # _____

NAME _____ TITLE _____ SOCIAL SECURITY # _____

NAME _____ TITLE _____ SOCIAL SECURITY # _____

REFERENCES: FOR OPEN ACCOUNTS WE REQUIRE 3 TRADE REFERENCES THAT YOU PURCHASE FROM ON OPEN ACCOUNT THAT MAINTAINS A CREDIT LIMIT YOU ARE REQUESTING PLUS THE BANK REFERENCES			
NAME OF REFERENCE	TELEPHONE		
ADDRESS	FAX		
CITY	STATE		ZIP
NAME OF REFERENCE	TELEPHONE		
ADDRESS	FAX		
CITY	STATE		ZIP
NAME OF REFERENCE	TELEPHONE		
ADDRESS	FAX		
CITY	STATE		ZIP
BANK NAME	BRANCH	TELEPHONE	
ADDRESS	ACCOUNT #		
CITY	STATE	ZIP	BANK CONTACT
		() CHECKING	() SAVINGS

WE AT GO EDIT, INC. FIND IT NECESSARY TO REQUEST AN AUTHORIZED SIGNATURE ACCOMPANYING YOUR APPLICATION FOR CREDIT.

BY SIGNING THIS FORM, I AUTHORIZE ANY AND ALL CREDIT INFORMATION NEEDED TO BE RELEASED TO:

GoEdit, Inc.

SIGNATURE: _____ DATE: _____

PRINT NAME: _____ TITLE: _____