

NEW ACCOUNT APPLICATION

We are pleased you have selected Hallway Productions. Below is some basic information we need in order to establish your account. Please complete this form and return it to Hallway Productions., attention new accounts.

Company Name: _____
Contact: _____
Billing Address: _____
City: _____ State: _____ Zip Code: _____
Shipping Address: _____
City: _____ State: _____ Zip Code: _____
Phone: _____ FAX: _____
E-mail: _____

Type of Business: _____ In Business Since: _____
Form of Business: Corporation LLC Partnership Sole Proprietor
Is a Purchase Order required for the work you will have done? _____
Name of individual(s) with authorization: _____

If it is to be a blanket PO, please list the number and expiration date.
Number _____ Expiration Date _____

To whose attention should invoices be sent? _____

Is your work taxable? ____ If not, please attach signed certificate and list your tax exempt or resellers number: _____

If you wish to pay by credit card, please provide information below:**

VISA Card Number _____ Exp. Date _____

MasterCard Number _____ Exp. Date _____

American Express Card Number _____ Exp. Date _____

** All requests for credit card payments must include a photocopy front and back of your drivers license and credit card(s)

Bank References (please list name and address of local banks):

Trade References (Please list name, address, phone number, and account number of three references. Do not list credit cards.)

Our terms are net 30 days. Accounts not paid in this time frame will be charged 1.75% interest rate per month and future orders will be on a C.O.D. basis until the account is current. Should collection or legal action be required to collect past dues, said fees will be added to your account.

Print Name: _____ Title: _____

Signed by: _____ Date: _____