



850 Spice Islands Drive Suite 100
 Sparks, NV 89431
 P 775.829.7272 // standoffsystems.com

Application For Credit

**Must be filled in to complete processing.*

***Name/ Billing Address:**

Company Name:		Phone:
DBA:		Fax:
Billing Address:		Dunn & Bradstreet #:
City:	State:	FEIN #:
County:	ZIP Code:	Resale Lic. #:
Company Website:		<input type="checkbox"/> Check if purchase order required
Accounts Payable Contact:		Email:
Purchasing Contact:		Email:

***Shipping Address:**

Check if all locations bill to the address above

<input type="checkbox"/> Check if same as billing address	<input type="checkbox"/> Check if multiple locations (please attach separate list)
Shipping Address:	
City:	State: ZIP Code:
Phone:	
Fax:	

Company Information:

Type of Business:	In Business Since:
Legal Form Under Which Business Operates:	
<input type="checkbox"/> Corporation <input type="checkbox"/> Partnership <input type="checkbox"/> Sole Proprietorship/Individual <input type="checkbox"/> Limited Liability (LLC) <input type="checkbox"/> Other	
Name of Company Principal:	Title:
Address:	City: State: ZIP Code: Phone:
Name of Company Principal:	Title:
Address:	City: State: ZIP Code: Phone:

Bank References:

Institution Name:	Institution Name:
Checking Account #:	Savings Account #:
Address:	Address:
Phone: Fax:	Phone: Fax:
Print Name:	Title/Position:
Authorized Signature to Release Bank Information:	

Bank References:

Institution Name:	Institution Name:
Checking Account #:	Savings Account #:
Address:	Address:
Phone: Fax:	Phone: Fax:
Print Name:	Title/Position:
Authorized Signature to Release Bank Information:	

please see next page for references

application continued

Business/Trade References: *Must be current open supplier accounts. Does not include credit card/COD accounts, lease holding, bank accounts, or service accounts (lawyers).

1. Company Name:		
Contact Name:		
Address:		
City:	State:	Zip:
Phone:		
Fax:		
Email:		
Account #:		

2. Company Name:		
Contact Name:		
Address:		
City:	State:	Zip:
Phone:		
Fax:		
Email:		
Account #:		

3. Company Name:		
Contact Name:		
Address:		
City:	State:	Zip:
Phone:		
Fax:		
Email:		
Account #:		

Terms: Net 30 days from invoice date.

Account past terms will be placed on credit hold until account clears.

A service charge of 1½% per month may be charged on balance past terms.

Accounts at 60 days past due will be handled by Transworld Collections.

Client will be responsible to pay any cost of collections and reasonable attorney's fees.

I hereby certify that the information contained herein is complete and accurate. This information has been furnished with the understanding that it is to be used to determine the amount and conditions of the credit to be extended as well as that the company can and will comply with the terms of Gyford Productions, LLC.

*Signature: _____

Date: _____

*Title: _____

Phone: _____

Signature: _____

Date: _____

Title: _____

Phone: _____