



**EDIT 5 CONSOLES, INC.**

5542 Satsuma Ave  
 N. Hollywood, CA 91601  
 Ph: (818) 480-5600

**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	( ) CHECKING ( ) SAVINGS
STATE ZIP	BANK CONTACT

WE AT EDIT5 CONSOLES, 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:

**EDIT5 CONSOLES, INC.**

SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_  
 PRINT NAME: \_\_\_\_\_ TITLE: \_\_\_\_\_