



PRODUCTIONS
EMBROIDERY & SCREEN PRINTING

CREDIT APPLICATION

Firm Name: _____ Contact person: _____

Address: _____

City: _____ State: _____ Zip: _____ Phone: _____ Fax: _____

Business Type: Corporation ___ Partnership ___ Sole Proprietor ___ LLC ___ Yr. Opened: ___ Yrs. at Location: ___

ASI #: _____ PPAI #: _____ SAGE# _____ UPIC: _____

Federal Tax ID#: _____ Email: _____

Principals Name (1): _____ SSN: _____

Home Address: _____ City: _____ State _____ Zip _____ Hm Phone _____

Principals Name (2): _____ SSN: _____

Home Address: _____ City: _____ State _____ Zip _____ Hm Phone _____

Principals Name (3): _____ SSN: _____

Home Address: _____ City: _____ State _____ Zip _____ Hm Phone _____

Bank Reference

Name: _____ Account #: _____ Date account opened: _____

Address: _____ City: _____ State: _____ Zip: _____

Contact Name: _____ Phone: _____ Checking: _____ Savings: _____

Trade References

Firm name: _____ Phone: _____ Account #: _____

Address: _____ City: _____ State: _____ Zip: _____

Firm name: _____ Phone: _____ Account #: _____

Address: _____ City: _____ State: _____ Zip: _____

Firm name: _____ Phone: _____ Account #: _____

Address: _____ City: _____ State: _____ Zip: _____

Firm name: _____ Phone: _____ Account #: _____

Address: _____ City: _____ State: _____ Zip: _____

We certify that the above information is true and correct and is furnished to D2 Productions, LLC in order to be considered for an extension of credit. We authorize D2 Productions, LLC to make any inquiries necessary to determine credit worthiness and hereby agree to the release of information relating thereto. We understand that if an account is established, it shall be subject to periodic review. All decisions with respect to extension, continuation, or termination of credit shall be in the sole discretion of D2 Productions, LLC.

We agree to promptly pay all sums due within the credit terms granted. If invoices are not paid within the terms due, we agree to a monthly service charge of 1.5% per month on the open balance. We also agree to pay any costs of collection including reasonable attorney fees, whether or not a suit is filed. We acknowledge that this application and any account opened will be accepted in the State of California, and the laws and jurisdiction of California shall apply to all transactions.

Company: _____ Date: _____

Signature: _____ Title: _____

Printed Name: _____