



# TECHNISPHERE CORPORATION

335 WEST 35<sup>TH</sup> STREET NEW YORK NY 10001 (212) 777-5100 (800) 343-9500 FAX: (212) 777-5150

## CREDIT APPLICATION

CREDIT LINE REQUESTED \_\_\_\_\_

ACCOUNT NAME \_\_\_\_\_ PHONE: \_\_\_\_\_  
 BILLING ADDRESS \_\_\_\_\_ BILLING ATTN: \_\_\_\_\_  
 CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_  
 TYPE OF BUSINESS \_\_\_\_\_ FED ID NO. \_\_\_\_\_  
 PLEASE CHECK ONE: INDIVIDUAL \_\_\_\_\_ PARTNERSHIP \_\_\_\_\_ CORPORATION \_\_\_\_\_  
 YEAR ESTABLISHED \_\_\_\_\_ DATE ESTABLISHED \_\_\_\_\_ STATE ESTABLISHED \_\_\_\_\_  
 DO YOU ISSUE PURCHASE ORDER? YES \_\_\_\_\_ NO \_\_\_\_\_ IF YES, TYPE \_\_\_\_\_  
 PERSON(S) AUTHORIZED TO PURCHASE \_\_\_\_\_  
 DO YOU HAVE A RESALE CERTIFICATE \_\_\_\_\_ EXEMPT CERTIFICATE \_\_\_\_\_  
 IF YES, INDICATE NUMBER: \_\_\_\_\_ AND ATTACH A COPY OF COMPLETED CERTIFICATE.

### PRINCIPALS OF FIRM:

NAME _____	ADDRESS _____	TITLE _____
NAME _____	ADDRESS _____	TITLE _____

### BANK REFERENCE:

NAME \_\_\_\_\_ ACCOUNT NUMBER \_\_\_\_\_  
 ADDRESS \_\_\_\_\_  
 BANK OFFICER \_\_\_\_\_ PHONE NUMBER \_\_\_\_\_

### TRADE REFERENCES:

Three (3) references required – Motion Picture/Video companies preferred. Please do not list credit cards, utilities, attorneys, accountants, Eastman Kodak, I.B.M., G.E., Xerox, 3-M.

1) NAME: _____	TYPE OF BUSINESS _____
ADDRESS _____	PHONE _____
CITY _____	STATE _____ ZIP _____
2) NAME: _____	TYPE OF BUSINESS _____
ADDRESS _____	PHONE _____
CITY _____	STATE _____ ZIP _____
3) NAME: _____	TYPE OF BUSINESS _____
ADDRESS _____	PHONE _____
CITY _____	STATE _____ ZIP _____

THE UNDERSIGNED ATTESTS THAT THE FOREGOING INFORMATION IS COMPLETE AND ACCURATE AND AGREES TO PAY WHEN DUE ALL INVOICES FROM TECHNISPHERE CORPORATION.

SIGNATURE \_\_\_\_\_ TITLE \_\_\_\_\_ DATE \_\_\_\_\_