

# SOUTHEAST COSTUME COMPANY

2333 Defoor Hills Rd NW Suite C  
Atlanta GA 30318  
678.973.2632  
info@southeastcostume.com

## CREDIT APPLICATION

Production Title: \_\_\_\_\_

Production Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zipcode: \_\_\_\_\_

Billing Address: \_\_\_\_\_

City : \_\_\_\_\_ State: \_\_\_\_\_ Zipcode: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

In Business Since: \_\_\_\_\_ Federal Tax ID # \_\_\_\_\_

Production Locations: \_\_\_\_\_

Production Manager: \_\_\_\_\_

Production Accountant: \_\_\_\_\_

Email: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Does this production have financial guarantee? (Lending Institution, Bonding Co. etc.) Yes \_\_\_ No \_\_\_  
Type of Company:  Proprietorship  Partnership  Corporation-State \_\_\_\_\_

Parent Company: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zipcode: \_\_\_\_\_

Phone: \_\_\_\_\_

Legal Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zipcode: \_\_\_\_\_

Phone: \_\_\_\_\_

Principal Operators or Officers: Date Incorporated \_\_\_\_\_

1. Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zipcode: \_\_\_\_\_

2. Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zipcode: \_\_\_\_\_



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3.Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zipcode: \_\_\_\_\_

**Bank Reference Application REQUIRES Fax Number**

Bank Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zipcode: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

**Account Trade References Application REQUIRES Fax Number**

**Vendor/ Supplier**

1.Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_ Acct # \_\_\_\_\_

2.Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_ Acct # \_\_\_\_\_

3.Name: \_\_\_\_\_

Address : \_\_\_\_\_

Phone: \_\_\_\_\_ Acct # \_\_\_\_\_

In consideration of Southeast Company granting credit to: \_\_\_\_\_

(Production Company Name)

I certify on behalf of \_\_\_\_\_ that all statements in this application are true and complete and are made for the purpose of obtaining credit. If our account is not paid as agreed according to invoice terms, we promise to pay a 10% late fee per invoice per month on all past due amounts, and to reimburse Southeast Costume Company all costs of collections, including legal fees. If suits are commenced or an attorney employed to enforce any obligation due to Southeast Costume Company by us, we agree to pay all costs of collection including attorneys' fees incurred by Southeast Costume Company. We accept liability for loss and damage of articles rented from Southeast Costume Company. We agree that any disputes shall be settled in Fulton County, GA. This Form is subject to SCC's standard Terms and Conditions.

Signature: \_\_\_\_\_ Title: \_\_\_\_\_

Print Name: \_\_\_\_\_ Date: \_\_\_\_\_