



The Auditorium
 7684 Clybourn Ave., 2nd Fl., Unit C
 Sun Valley, CA 91352
 PH: (877) 732-7733
 Fax: (818) 351-7899
 www.auditoriumprops.com
 info@auditoriumprops.com

Make the Music Seen!

Credit Application Form

Please Fax to:
(818) 351-7899

Company Information

Company name: _____ Date: ____/____/____
 Billing address: _____

 City/State/Zip: _____
 Phone number: (____) ____ - _____ Fax number: (____) ____ - _____
 E-mail address: _____

☐ Sole Proprietor ☐ Partnership ☐ Limited Liability Company ☐ Corporation

State Formed in: _____
 FED ID#/S.S.#: _____ Date Established: ____/____/____

Company Officers

Name: _____ Title: _____
 Name: _____ Title: _____
 Name: _____ Title: _____

Persons Authorized To Use Account

Name: _____ Title: _____
 Name: _____ Title: _____
 Name: _____ Title: _____
 Name: _____ Title: _____

Bank Reference

Bank name: _____ Date opened: ____/____/____
 Branch address: _____
 _____ Ph. #: (____) ____ - _____
 City/State/Zip: _____ Fax #: (____) ____ - _____
 Account #: _____
 Contact: _____

Industry Credit References

1.) Company name: _____ Date opened: ____/____/____

Address: _____
 _____ Ph. #: (____) ____ - _____

City/State/Zip: _____ Fax #: (____) ____ - _____

Contact: _____

2.) Company name: _____ Date opened: ____/____/____

Address: _____
 _____ Ph. #: (____) ____ - _____

City/State/Zip: _____ Fax #: (____) ____ - _____

Contact: _____

3.) Company name: _____ Date opened: ____/____/____

Address: _____
 _____ Ph. #: (____) ____ - _____

City/State/Zip: _____ Fax #: (____) ____ - _____

Contact: _____

4.) Company name: _____ Date opened: ____/____/____

Address: _____
 _____ Ph. #: (____) ____ - _____

City/State/Zip: _____ Fax #: (____) ____ - _____

Contact: _____

Additional Information

Is this account being opened for a specific project? ☐ Yes ☐ No

If yes, name of project: _____

Start date: ____/____/____ Wrap date: ____/____/____

Does your company require a P.O.# for payment? ☐ Yes ☐ No

Authorized Signature

Print name: _____ Title: _____

Signature: _____ Date: ____/____/____

The Auditorium's terms are Net 30 Days.

The minimum P.O. order is \$100.00.

By signing this form I acknowledge that I am an authorized representative of the aforementioned company. I also understand that P.O. orders have a \$100.00 minimum after any eligible discounts.