

GRAND STAGE COMPANY, INC.
630 WEST LAKE STREET
CHICAGO, IL 60661-1465
312-332-5611 fax 312-258-0056

CREDIT APPLICATION

Organization Name: _____

Business Address: _____

City: _____ State: _____ Zip+4: _____

Business Phone: _____ Fax Number: _____

Organizational Structure (corporation; partnership; etc.) _____

President's Name: _____

Home Address: _____

Vice President's Name: _____

Home Address: _____

Treasurer's Name: _____

Home Address: _____

FEIN: _____

Tax Status (enclose copy of resale certificate, exemption letter): Taxable _____ Exempt _____

Does your organization use purchase orders? _____

If no, please indicate method we should use to insure proper use of your account:

Please list persons authorized to charge on your account:

Account terms:

Net 30 days. Minimum credit order is \$25.00. Past due accounts are subject to interest at 2% per month. No merchandise will be delivered to any account over 45 days past due. No unauthorized returns. No returns after 10 days. Makeup sales are final. Color media and lamps may be exchanged within 10 days if unused. A minimum 20% restocking charge will be made on all accepted returns. Existing taxes or any additional taxes levied by any governmental authority shall be the responsibility of the account holder. Account holder is liable for all legal costs if this account is placed for collection.

Credit References: Please list at least three companies with whom you have done credit business for at least one year. Please make sure to list high credit and present amount due.

Company: _____
Address: _____
City: _____ State: _____ Zip: _____
Phone: _____ Fax: _____
Acct #: _____ Contact Name: _____

Company: _____
Address: _____
City: _____ State: _____ Zip: _____
Phone: _____ Fax: _____
Acct #: _____ Contact Name: _____

Company: _____
Address: _____
City: _____ State: _____ Zip: _____
Phone: _____ Fax: _____
Acct #: _____ Contact Name: _____

Company: _____
Address: _____
City: _____ State: _____ Zip: _____
Phone: _____ Fax: _____
Acct #: _____ Contact Name: _____

Bank Ref: _____
Address: _____
City: _____ State: _____ Zip: _____
Phone: _____ Fax: _____
Acct #: _____ Contact Name: _____

Bank Ref: _____
Address: _____
City: _____ State: _____ Zip: _____
Phone: _____ Fax: _____
Acct #: _____ Contact Name: _____

Please sign this form to signify that Grand Stage Company has your permission to conduct this credit investigation. Failure to have an authorized signature on this form will delay processing of your application.

Credit will not be issued without a signed copy of this form in our files.

Company Name: _____
Person making application: _____
Position: _____

Signature: _____

Please be certain to send a copy of your tax exempt letter or resale certificate if applicable, along with this application.