



**Grand Stage Lighting Co., Inc.**  
**3418 N Knox Ave**  
**CHICAGO, IL 60641**

**P: 312-332-5611    webstore@grandstage.com    F: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.

Payments on your net 30 account can be made with check or cash. If you choose to make a payment for an invoice(s) on account with a credit card; a processing fee of 3% will be added.

**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: \_\_\_\_\_ Email: \_\_\_\_\_  
Acct #: \_\_\_\_\_ Contact Name: \_\_\_\_\_

Company: \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Phone: \_\_\_\_\_ Email: \_\_\_\_\_  
Acct #: \_\_\_\_\_ Contact Name: \_\_\_\_\_

Company: \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Phone: \_\_\_\_\_ Email: \_\_\_\_\_  
Acct #: \_\_\_\_\_ Contact Name: \_\_\_\_\_

Company: \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Phone: \_\_\_\_\_ Email: \_\_\_\_\_  
Acct #: \_\_\_\_\_ Contact Name: \_\_\_\_\_

**Please List at least one Bank Reference**

Bank Ref: \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Phone: \_\_\_\_\_ Email: \_\_\_\_\_  
Acct #: \_\_\_\_\_ Contact Name: \_\_\_\_\_

Bank Ref: \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Phone: \_\_\_\_\_ Email: \_\_\_\_\_  
Acct #: \_\_\_\_\_ Contact Name: \_\_\_\_\_

**Please sign this form** to acknowledge acceptance of Grand Stage Company credit terms and conditions and to signify that Grand Stage Company has your permission to conduct a 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 include a up to date copy of your tax exempt letter or resale certificate if applicable.