

	APPLICATIO	N FOR CREDIT	
Date			
Parent Company Name			
Show Name			
Billing Address			
Telephone	Fax _		
Delivery Address			
Federal ID#	Corpo	oration: Yes No	
Resale #			
CREDIT REFERENCES			
Firm Name			
Address			
Phone	Fax _		
Firm Name			
Address			
Phone	Fax _		<u> </u>
Firm Name			
Address			
Phone	Fax _		
BANK REFERENCES			
Bank Name		Account Number	
Address			
Phone			
Signature	 Date	Signature	Date