

New Account Application for Sean Howard Productions, Inc.

BILLING INFORMATION

Company Name _____ Phone _____
Contact _____ Fax _____
Address _____ City _____ State _____ Zip Code _____
Email Address _____ Website _____
Company Type Corporation Partnership Proprietorship

ACCOUNT TYPE REQUESTED

- PRE-PAY (Skip Trade and Bank References)
 NET-30 (Fill in all references and skip credit card information)

Applicant Name _____ Social Security # _____
Address _____ City _____ State _____ Zip Code _____

TRADE REFERENCES

References required only for net 30 accounts.

Name _____	Name _____
Address _____	Address _____
Acct# _____	Acct# _____
Phone _____	Phone _____
Name _____	Name _____
Address _____	Address _____
Acct# _____	Acct# _____
Phone _____	Phone _____

BANK REFERENCES

Required only for net 30 accounts

Name _____	Name _____
Address _____	Address _____
Acct# _____	Acct# _____

Credit Card Information

Required only for pre-paid accounts

Name on card : _____ Address same as above billing.
Acct# _____ Address _____
Expiration Date: _____ City _____
Signature: _____ State _____ Zip Code _____

I/We hereby authorize you bill the above credit card for all orders placed by our company.

STATE SALES and USE RESALE CERTIFICATE

Required for all wholesale accounts.

State Sales Tax I.D. # _____ State _____
personal property. This Certificate shall be noticed and be considered as part of every order given to the above company, unless each such order shall otherwise specify. This certificate shall be effective until revoked by us by notice in writing to the above company. I/We hereby authorize you to whom this application is made or your agents to investigate my/our financial responsibilities, and credit worthiness. I/We also agree to in accordance with my approved credit terms the understanding that there will be a service charge of 18.9% per month on any past due balances. If the account is assigned to collections with an attorney, I hereby agree to pay attorney fees, collections and court costs incurred.

Authorized By: _____ Title _____ Date _____
Signature (Title- must be Officer, Owner or Partner)