

**Schell Scenic Studio, Inc.**

2140 Refugee Street
Millersport, OH 43046-9748

(614) 444-9550 Fax (614) 444-9554

www.schellscenic.com

Credit Application

Basic Information

Business Name: _____

Trade Name or DBA: _____

Mailing Address: _____ **Phone:** _____

City: _____ **State:** _____ **Zip:** _____ **Fax:** _____

Shipping Address: _____ **Year Started:** _____

City: _____ **State:** _____ **Zip:** _____ **Tax Exempt #:** _____

Description of Business: _____

Type of Business: **Corporation:** _____ **Partnership:** _____ **Sole Proprietorship:** _____

Anticipated monthly volume: _____ **Amount of credit requested:** _____

Do you use purchase orders: **Yes:** _____ **No:** _____

Name of persons authorized to make purchases or sign purchase orders:

Name of person responsible for accounts payable: _____

Has applicant or any principal ever filed a voluntary petition in bankruptcy?

Yes: _____ **No:** _____ **Year:** _____

Has a tax lien been filed against applicant or any principal within last six months?

Yes: _____ **No:** _____ **Year:** _____

Information on Officers/Owners

Name: _____ **Title:** _____

Address: _____ **Home Phone:** _____

City: _____ **State:** _____ **Zip:** _____ **Social Security #:** _____

Name: _____ **Title:** _____

Address: _____ **Home Phone:** _____

City: _____ **State:** _____ **Zip:** _____ **Social Security #:** _____

Name: _____ **Title:** _____

Address: _____ **Home Phone:** _____

City: _____ **State:** _____ **Zip:** _____ **Social Security #:** _____

(continued)

Property Information

Owned: _____ Year Purchased: _____ Value: _____ Mortgage Amount: _____
Rented: _____ Lease Expires: _____ Landlord: _____

Banking Information

Bank Name: _____ Checking Acct. #: _____
Address: _____ Savings Acct. #: _____
City: _____ State: _____ Zip: _____ Account Officer: _____

Trade References (within the theatre/film/video industry)

Name: _____ Phone: _____
Address: _____ Fax: _____
City: _____ State: _____ Zip: _____ Amount Owning: _____

Name: _____ Phone: _____
Address: _____ Fax: _____
City: _____ State: _____ Zip: _____ Amount Owning: _____

Name: _____ Phone: _____
Address: _____ Fax: _____
City: _____ State: _____ Zip: _____ Amount Owning: _____

Conditions of Sale

In consideration of Schell Scenic Studio, Inc. extending credit to the applicant, the applicant agrees to pay for all items delivered to, or at the request of, the applicant in accordance with the terms of the invoice: Any invoice unpaid on the last day of the month in which it is due will be subject to a 1 1/2 % monthly service charge, and an additional 1 1/2 % service charge (annual percentage rate 18%) will be due every thirty (30) days thereafter. A waiver of any one or more service charge(s) shall not be deemed to be a waiver of any future service charge(s). Applicant further agrees that with regard to such service charges, the applicant and Schell Scenic Studio, Inc. are parties to a written contract. Should it become necessary to place the account with a collection agency or attorney, the applicant agrees to pay all collection costs and attorney fees in addition to the other sums due.

Applicant, in signing this application, also authorizes the above listed banking and trade references to respond to credit inquiries regarding applicant's account.

Understood and Signed: _____ Date: _____
Print Name: _____