



330 West 38<sup>th</sup> Street, Ground Floor #105  
New York, NY 10018

## Credit Application

Tel: (212) 629-9430 Fax: (212) 629-9436  
Toll Free: (866) 468-4268  
email: [accounting@gothamsound.com](mailto:accounting@gothamsound.com)

Company Name: \_\_\_\_\_

Accounting Contact: \_\_\_\_\_

Billing Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code \_\_\_\_\_

Shipping Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_ E-mail: \_\_\_\_\_

Unit Production Manager: \_\_\_\_\_

Prod. Office Coordinator: \_\_\_\_\_ Assistant Prod. Office Coordinator: \_\_\_\_\_

Type of Business: \_\_\_\_\_ In Business Since: \_\_\_\_\_

Form of Business:  Corporation  LLC  Partnership  Sole Proprietor

Is a Purchase Order required?  Yes  No Name of individual with authorization: \_\_\_\_\_

If it is to be a blanket PO, list the number and expiration date. Number: \_\_\_\_\_ Expiration Date \_\_\_\_\_

To whose attention should invoices be sent? \_\_\_\_\_

Is your work taxable?  Yes  No

If not, attach signed certificate and list your tax exempt or resellers number: \_\_\_\_\_

If you wish to pay by credit card, please provide information below:

Credit Card:  Amex  Mastercard  Visa  Discover

Name on Card: \_\_\_\_\_ Credit Card #: \_\_\_\_\_ Exp. Date: \_\_\_\_\_

Bank Name \_\_\_\_\_ Account Number \_\_\_\_\_

Address \_\_\_\_\_

Contact Person \_\_\_\_\_ Contact Phone # \_\_\_\_\_

Trade References (Please list three references. Do not list credit cards.)

Name: \_\_\_\_\_ Contact \_\_\_\_\_

Address \_\_\_\_\_

Phone \_\_\_\_\_ Fax \_\_\_\_\_ Account No \_\_\_\_\_

Name: \_\_\_\_\_ Contact \_\_\_\_\_

Address \_\_\_\_\_

Phone \_\_\_\_\_ Fax \_\_\_\_\_ Account No \_\_\_\_\_

Name: \_\_\_\_\_ Contact \_\_\_\_\_

Address \_\_\_\_\_

Phone \_\_\_\_\_ Fax \_\_\_\_\_ Account No \_\_\_\_\_

For the purpose of obtaining Open Account Credit, I (we) state the above information is true and correct, and authorize Gotham Sound and Communications, Inc. to verify any information submitted. I (we) understand that our terms are net 30 days. Accounts not paid in this time frame will be charged 1.5% interest rate per month and future orders will be on a C.O.D. basis until the account is current. Should collection or legal action be required to collect past dues, fees for such action will be added to your account.

Print Name: \_\_\_\_\_ Title: \_\_\_\_\_

Signed: \_\_\_\_\_ Date: \_\_\_\_\_

**PLEASE ALLOW UP TO TWO WEEKS FOR APPLICATION TO BE PROCESSED. ALL ORDERS MUST BE C.O.D. UNTIL PROCESS IS COMPLETE. THANK YOU FOR YOUR COOPERATION.**