



Credit Application

Gotham Sound & Communications, Inc.
 35-10 36th Ave, Second Floor
 Long Island City, NY 11106
 Phone: (212) 629-9430 Fax: (718) 425-0313
 Toll Free: (866) 468-4268
 Email: accounting@gothamsound.com

General Business Info

Full Legal Business Name: _____ DBA or other Working Name: _____

Business Type: Corporation LLC Partnership Sole Proprietor Date Established: _____

Project or Show Name: _____ Parent Company or Organization: _____

Project or Production Start Date: _____ Estimated Wrap Date: _____

Billing Address: _____ City: _____ State: _____ Zip: _____

Shipping Address (if different): _____ City: _____ State: _____ Zip: _____

Primary Contact Name: _____ Email: _____ Phone: _____

Unit Production Manager: _____ Email: _____

Prod. Office Coordinator: _____ Email: _____

Assistant Prod. Office Coordinator: _____ Email: _____

Accounting

Accounting Contact Name: _____ Email: _____ Phone: _____

Are Purchase Orders required? Yes No Name of individual(s) with authorization: _____

Invoices will be sent digitally. Please list the appropriate email(s) for this purpose: _____

Tax Exemption Status in: New York New Jersey Neither, or Other State

- If you are exempt from sales tax in NY and/or NJ, a state-issued tax exemption certificate **MUST** be submitted.
- Please include the appropriate document(s) with this application.

All orders without valid tax exemption information on file will be taxed accordingly. Please initial to acknowledge: _____

CC

To expedite account approval, you may provide a credit card for our files. Card Type: Amex Mastercard Visa Discover

Name on Card: _____ Credit Card #: _____ Exp. Date: _____ Security Code: _____

Bank

Bank Name: _____ Address: _____ City: _____ State: _____ Zip: _____

Account Number: _____ Bank Contact: _____

Phone: _____ Email: _____

Trade References

Please list three current business references with whom you have credit. Individuals or related entities will not be considered valid.
 If a letter of guaranty or credit can be provided, please submit with this application. References will not be necessary.

Business Name: _____ Contact: _____

Address: _____ Email: _____

Phone: _____ Fax: _____ Account Number: _____

Business Name: _____ Contact: _____

Address: _____ Email: _____

Phone: _____ Fax: _____ Account Number: _____

Business Name: _____ Contact: _____

Address: _____ Email: _____

Phone: _____ Fax: _____ Account Number: _____

For the purpose of obtaining 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 from date of invoice. Accounts not paid within this time frame will be charged 1.5% interest rate per month and account terms will revert to C.O.D. until balance is settled. Should collection or legal action be required to collect past due amounts, such fees will be added to your account.

Print Name: _____ **Signed:** _____

Title: _____ **Date:** _____

PLEASE ALLOW UP TO TWO WEEKS FOR YOUR APPLICATION TO BE PROCESSED.
ALL ORDERS WILL BE ON C.O.D. TERMS UNTIL APPROVAL.
 Thanks in advance for your cooperation, and we look forward to doing business with you.