

**CREDIT APPLICATION**

Name of Business:

Billing Address:

Shipping Address:

Telephone #:

Fax #:

How Long in Business:

Sales Tax I.D. #:

**List of Owners or Corporate Officers**

Name:

Title:

Address:

Phone #:

Name:

Title:

Address:

Phone #:

Name:

Title:

Address:

Phone #:

Corporation

Sole Proprietorship

Partnership

**References**

Name:

Phone #:

Address:

Fax #:

Name:

Phone #:

Address:

Fax #:

Name:

Phone #:

Address:

Fax #:

Bank:

Account #:

Address:

Phone #:

Terms: Net 30 Days. Late charges of 1.5% per month or 18 % annum will be added to all past due accounts.

**CREDIT AGREEMENT**

We (I) understand the above information is for the purpose of obtaining credit and is warranted to be true. We (I) authorize Marzi Inc. to investigate the references listed pertaining to our/my credit. We (I) agree to the above terms.

Signature: \_\_\_\_\_ Date:

Print the above signature:

**MARZI STUDIOS**

2207 NE Spalding Av Grants Pass, OR 97526 541-474-5030

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Bank Name:

Address:

City:

Zip:

Account Name:

Account #:

To Whom it May Concern:

For the purpose of obtaining credit with Marzi Inc., I authorize you to provide Marzi Inc. with information regarding your credit experience with my account.

Sincerely,

Signature: \_\_\_\_\_ Date:

**FOR BANK USE**

**Date above account opened :**

**Average balance:**

**Comments:**