

WESTERN COSTUME CO.

11041 VANOWEN STREET | NORTH HOLLYWOOD, CA 91605 | TEL. 818.760.0900 | FAX 818.508.2182

HOURS OF OPERATION: MONDAY THROUGH FRIDAY 8AM-6PM | FEDERAL ID NUMBER: 95-2396279



CREDIT APPLICATION FORM

PRODUCTION INFORMATION

PURCHASE ORDER WILL BE

REQUIRED IN WRITING

REQUIRED VERBALLY

NOT REQUIRED

AMOUNT OF CREDIT APPLIED FOR USD \$

PRODUCTION TITLE/SHOW

PRODUCTION COMPANY

APPLICANT'S EMAIL ADDRESS

BILLING ADDRESS

CITY

STATE/PROVINCE

ZIP

PHONE NUMBER

FAX NUMBER

BILLING EMAIL ADDRESS

PRODUCTION LOCATION (S)

IN BUSINESS SINCE

FEDERAL TAX ID NUMBERS

COSTUME DESIGNER

COSTUME SUPERVISOR

COSTUMER

COSTUME SUPERVISOR EMAIL

PRODUCTION MANAGER

PRODUCTION ACCOUNTANT

DOES THIS PRODUCTION HAVE FINANCIAL GUARANTY? (LENDING INSTITUTION, BONDING CO ETC.) YES NO

NAME OF INSTITUTION

PHONE NUMBER

TYPE OF COMPANY

MOVIE PRODUCTION

THEATRE & SCHOOLS

PRODUCTION OF COMMERCIALS

OTHER

TV PRODUCTION

FORM OF COMPANY

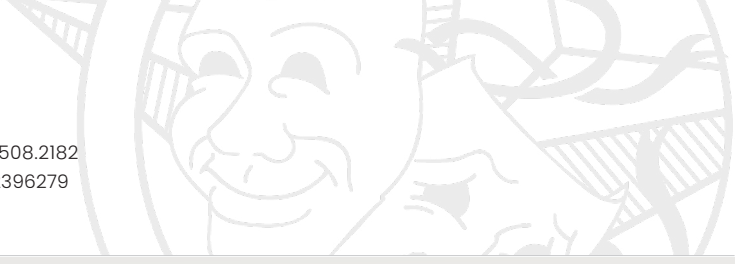
SOLE PROPRIETORSHIP

PARTNERSHIP

CORPORATION IN THE STATE OF: _____

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INFORMATION ON PRINCIPALS

PRINCIPAL NAME

SOCIAL SECURITY NUMBER

ADDRESS

CITY

STATE/PROVINCE

ZIP

PHONE NUMBER

OWN PROPERTY

RENTED PROPERTY

PRINCIPAL NAME

SOCIAL SECURITY NUMBER

ADDRESS

CITY

STATE/PROVINCE

ZIP

PHONE NUMBER

OWN PROPERTY

RENTED PROPERTY

BANK INFORMATION: PRINCIPALS

BANK NAME

ACCOUNT NUMBER

BRANCH ADDRESS

CITY

STATE/PROVINCE

ZIP

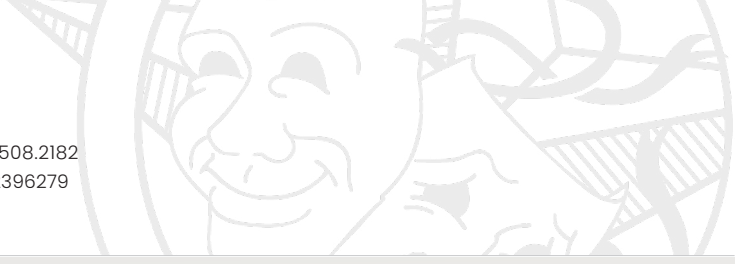
PHONE NUMBER

BANK PHONE NUMBER

ACCOUNTS PAYABLE FAX

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BANK INFORMATION: COMPANY

BANK NAME

ACCOUNT NUMBER

BRANCH ADDRESS

CITY

STATE/PROVINCE

ZIP

BANK PHONE NUMBER

ACCOUNTS PAYABLE FAX

SUPPLIER INFORMATION

REFERENCE 1: SUPPLIER NAME

FAX

ADDRESS

CITY

STATE/PROVINCE

ZIP

ACCOUNT NUMBER

REFERENCE 2: SUPPLIER NAME

FAX

ADDRESS

CITY

STATE/PROVINCE

ZIP

ACCOUNT NUMBER

REFERENCE 3: SUPPLIER NAME

FAX

ADDRESS

CITY

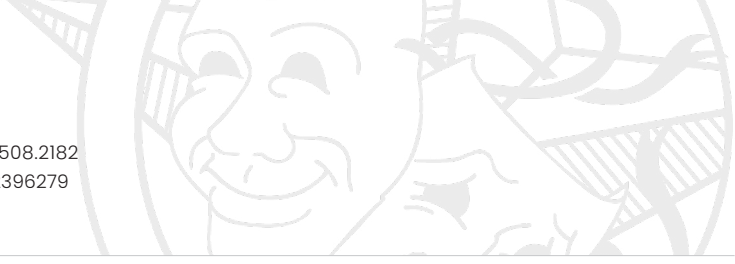
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ACCOUNT NUMBER

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SURETY UNDERTAKING

In consideration of Western Costume Leasing granting credit to:

COMPANY NAME

I hereby individually and collectively agree to become responsible as surety for the payment of any amounts due Western Costume Leasing from the aforesaid Company.

SIGNED

TITLE

PRINTED NAME

DATE

(Other than Principal: Please provide your Address and telephone number)

AUTHORITY TO RELEASE INFORMATION

Western Costume Leasing (WCL) is hereby authorized to request all necessary credit information from the references given on the attached credit application, and to run credit reports from DUN & BRADSTREET or TRW, to assist in the extension of credit. The said person and/or Companies are hereby authorized and directed to release such information to WCL upon request.

In consideration for extending credit to us, we agree to pay all bills within 10 (ten) days from the date of billing. If suits is commenced or an attorney employed to enforce any obligation due WCL by us, we agree to pay all costs of collection including attorney's fees incurred by WCL. We understand that we are liable for any damage to, or loss of articles rented from WCL. We hereby warrant that the representations herein made for the purpose on including WCL to extend credit to us.

SIGNED

TITLE

PRINTED NAME

DATE