

Pioneer Drama Service, Inc.

Touching Lives Through Theatre

Credit Application

Company Information

Full Legal Business Name: _____

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

Phone #: _____ - _____ - _____ Fax #: _____ - _____ - _____ Social Security # or Federal Tax ID # _____

Number of Years in Business _____ Purchase Order Required _____ Special Billing Info _____

Type of Business: ___ Non Profit ___ Proprietorship ___ General or Limited Partnership ___ Corporation
Y/N

_____ State where incorporated (if applicable)

Bank Reference

Name: _____ Phone #: _____ - _____ - _____ Account Number: _____

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

Two Current Vendors/Suppliers

Name: _____ Phone #: _____ - _____ - _____ Contact Name: _____

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

Name: _____ Phone #: _____ - _____ - _____ Contact Name: _____

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

Signature

Title

Date

Personal Guarantee

In order to receive credit, I, _____ hereby personally guarantee payment on the
Print Name
account for _____ . Should the company not pay as agreed, I understand that I will
Printed Company Name
be liable for the full balance as well as any costs that may be incurred in attempting to collect past due debts.

Personal Address

City

State

Zip

Phone Number

Social Security Number

The undersigned hereby certifies that the foregoing statement is a true and correct statement and that it is submitted for the purpose of procuring credit. Terms of payment, should credit be granted, shall be in full net thirty days from date of invoice. Amounts past thirty days will be assessed a finance charge of 1.5% per month (minimum charge 50 cents). If referred to a collections agency, the collection agency's fee (not to exceed 50%), court costs and attorney's fees will be deemed owed in addition to the original amount.

Signature

Date