



Schell Scenic Studio, Inc.

841 South Front Street - Columbus, Ohio 43206
Phone: (614) 444-9550 - Fax: (614) 444-9554
http://www.schellscenic.com - Email: info@schellscenic.com



Credit Application

Basic Information

Business Name: _____ Website: _____

Trade Name or DBA: _____ Email: _____

Mailing Address: _____ Phone: _____

City: _____ State: _____ Zip: _____ Fax: _____

Shipping Address: _____ Year Started: _____

City: _____ State: _____ Zip: _____ Tax Exempt #: _____

Please enclose appropriate documentation

Description of Business: _____

Type of Business: Corporation: _____ Partnership: _____ Sole Proprietorship: _____

Anticipated monthly volume: _____ Amount of credit requested: _____

Do you use purchase orders: Yes: _____ No: _____

Name of persons authorized to make purchases or sign purchase orders:

Name of persons responsible for accounts payable: _____

Has applicant or any principal ever filed a voluntary petition in bankruptcy?

Yes: _____ No: _____ Year: _____

Has a tax lien been filed against applicant or any principal within the last six months?

Yes: _____ No: _____ Year: _____

Information on Officers/Owners

Name: _____ Title: _____

Address: _____ Home Phone: _____

City: _____ State: _____ Zip: _____ Social Security #: _____

Name: _____ Title: _____

Address: _____ Home Phone: _____

City: _____ State: _____ Zip: _____ Social Security #: _____

Name: _____ Title: _____

Address: _____ Home Phone: _____

City: _____ State: _____ Zip: _____ Social Security #: _____

(continued)

Property Information

Owned: _____ Year Purchased: _____ Value: _____ Mortgage Amount: _____
Rented: _____ Lease Expires: _____ Landlord: _____

Banking Information

Bank Name: _____ Checking Acct. #: _____
Address: _____ Savings Acct. #: _____
City: _____ State: _____ Zip: _____ Account Officer: _____

Trade References (preferably within the theatre/film/video industry)

Name: _____ Phone: _____
Address: _____ Fax: _____
City: _____ State: _____ Zip: _____ Amount Owing: _____
Name: _____ Phone: _____
Address: _____ Fax: _____
City: _____ State: _____ Zip: _____ Amount Owing: _____
Name: _____ Phone: _____
Address: _____ Fax: _____
City: _____ State: _____ Zip: _____ Amount Owing: _____

Conditions of Sale

In consideration of Schell Scenic Studio, Inc., extending credit to the applicant, the applicant agrees to pay for all items delivered to, or at the request of, the applicant in accordance with the terms of the invoice: Any invoice unpaid on the last day of the month in which it is due will be subject to a 1.5% monthly service charge, and an additional 1.5% service charge (annual percentage rate 18%) will be due every thirty (30) days thereafter. A waiver of any one or more service charge(s) shall not be deemed to be a waiver of any future service charge(s). Applicant further agrees that with regard to such service charges, the applicant and Schell Scenic Studio, Inc. are parties to a written contract. Should it become necessary to place the account with a collection agency or attorney, the applicant agrees to pay all collection costs and attorney fees in addition to the other sums due. No returns without prior authorization. A 20% restocking fee may be assessed on returned merchandise.

Applicant, in signing this application, also authorizes the above listed banking and trade references to respond to credit inquiries regarding applicant's account.

Understood and Signed: _____ Date: _____
Print Name: _____
Title: _____