

Return to: Credit DepartmentUniversal Studios Operatios GroupFile # 56257Los Angeles, CA 90074-6257Tel: (818)777-8593Fax: (818)866-6767naira.avetisyan@nbcuni.com

# **CREDIT APPLICATION**

The following is provided to NBCUniversal LLC dba Universal C establishing credit for the account of:	City Studios LLC herein referred to	as "Universal", for the purpose of				
Customer Name ("Customer"):						
Address:						
City:	State:	Zip Code:	This Location Since:			
Tel:	Fax:		In Business Since:			
E-Mail Address: Please		State	Date			
Check: Individual Partnership LLC	Corporation	Incorporated:	Incorporated:			
Federal Tax ID No:		Are You Rated With D & B? Yes	No			
PRINCIPALS, OFFICERS, PARTNERS OR OWNERS						
Principal's Name:		Title:				
Address:						
Tel: E-Mail:						
Principal's Name:		Title:				
Address:						
Tel: E-Mail:						
Principal's Name:		Title:				
Address:						
Tel: E-Mail:						
GENERAL INFORMATION						
Parent Company:						
Has the Customer, Principal(s) or any of its affiliates done business with Universal under any other name?						
Company Name(s) Used:		Approximate Date(s):				
Type of Production: Feature Television	Commercial Other	Name of Production:				
Type of Services Required:          Wardrobe       Property           Editorial Rentals       Set Lighting/Grip           Sound       Stock Units	Projection Stage Rental Office Rental	Stock Footage C Transportation Film & Videotape Services	Other			
Production Manager: Financial Contact:						

Initials



Universal Studios Operations Group File #56257 Los Angeles, CA 90074-6257 Tel: (818) 777-8593 Fax: (818) 866-6767 naira.avetisyan@nbcuni.com

## **CREDIT APPLICATION**

The following is provided to NBCUniversal LLC dba Universal City Studios LLC herein referred to as "Universal", for the purpose of establishing credit for the account of:

Bank Name:			Contact:	
Address:			Tel:	
Name on Account:		Account No:	Type of Account:	
Bank Name:			Contact:	
Address:			Tel:	
Account Name:		Account No:	Type of Account:	
INDUSTRY REFERENCES:	(Open, active accounts)	(Fax numbers must be included to process credit application)		
Reference #1:			Contact:	
Street Address:			Tel:	
City/State/Zip:			Fax:	
Reference #2:			Contact:	
Street Address:			Tel:	
City/State/Zip:			Fax:	
Reference #3:			Contact:	
Street Address:			Tel:	
City/State/Zip:			Fax:	

## Payment Terms

Invoices are due and payable thirty (30) days from date of invoice.

#### Credit Information

Customer hereby warrants and represents that the information provided in this Credit Application is true and correct and acknowledges that such information is being provided for the purpose of inducing Universal to extend credit to the Customer.

Universal is hereby authorized by Customer to contact any or all of the persons and entities listed in this Credit Application and to otherwise conduct an investigation into Customer's credit record and all such persons and entities are hereby authorized to release all pertinent information to Universal. In that regard, Customer also authorizes Universal to furnish any information concerning Customer's credit file with Universal to consumer and/or commercial reporting agencies and others who may properly receive such information.

### Attorney's Fees

Customer agrees to reimburse Universal for its reasonable attorney's fees and costs of Court incurred in connection with the collection of any sums due as a result of the extension of credit to Customer.

### Set-Offs

Customer agrees that Universal shall have the right to set-off any amount which may become payable by Universal (or any of its affiliates) to Customer under the terms of any other agreement against sums due Universal as a result of the extension of credit to Customer.

## Authority

The person executing this Credit Application on behalf of Customer, hereby represents that he/she has the authority to bind Customer to the provisions contained hereinabove.

Signed:		Date:	
	(Must be signed by Principal, Owner or Authorized Agent)		
Name:		Title:	
	(Please Print)	_	