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New Account Information Sheet

Date _____

Note: all work must be C.O.D. until credit is approved.

Company Name _____ phone (____) _____

Parent company, if subsidiary _____ resale _____

Address _____ Corporation ____ Partnership ____ When Formed _____

Proprietorship: Individual ____ General Contractor ____

Bank _____ Branch _____ Phone _____

Location _____ Bank Representative _____

Account number _____

To be completed by Partnerships/Corporations

Name of officer/partner _____

Residence Phone: (____) _____

Residence Address: _____

Street _____

City _____ State _____ Zip _____

2nd Name _____

Title _____

Residence Phone (____) _____

Street _____

City _____ State _____ Zip _____

location: owned ____ leased ____ rented ____

Type of Business _____

Name and tel.# of person responsible for

accounts payable _____

Credit Referneces

Name

Address

Phone

To be completed by Individual or Proprietorship

Name _____

Res. Phone (____) _____

Res. Address _____

Street _____

City _____ State _____ Zip _____

Social Security # _____

Year Established _____

Type of Business _____

location: owned ____ leased ____ rented ____

Name and tel.# of person responsible for

accounts payable: _____

Credit Limit Requested _____

Terms of Sale: Applicant authorizes the creditor to make inquiry of financial and related matter for the purpose of granting credit. In order to encourage prompt payment, a delinquent charge of 10% may be charge on all past due accounts. Interest will be charged at the prevailing annual rate. Upon default of payment, applicant agrees to pay collection agency fees, not to exceed 25%, reasonable attorney fees and costs of collection that may be incurred. If suit is brought, venue may be laid in Alameda or San Francisco County, California. The above information is warranted to be true and I/we agree to the above terms and conditions.

Applicants Name _____ Title _____

Signature _____ Date _____