

YOUR FULL SERVICE AUDIO-VISUAL RENTAL COMPANY
www.oavs.com

CREDIT APPLICATION

Company Name _____ Voice phone number _____ Fax number _____
Address _____ Number of Years at This Address _____
City _____ State _____ Zip Code _____ Contact Name _____

THE FOLLOWING INFORMATION MUST BE COMPLETED IN FULL-ALL INFORMATION WILL BE HELD IN STRICTEST CONFIDENCE
FOR CORPORATION PARTNERSHIP PROPRIETORSHIP INDIVIDUAL INCORPORATED W/IN LAST 12 MOS.

Name (President): _____ Address: _____
Name (Treasurer): _____ Address: _____

Finance:

Bank Name: _____ **Contact:** _____
Address: _____
Phone: () _____ Fax: () _____ Account #: _____

Please fax statement of release to obtain bank information.

Credit References:

Name: _____ **Contact:** _____
Address: _____
Phone: () _____ Fax: () _____

Name: _____ **Contact:** _____
Address: _____
Phone: () _____ Fax: () _____

Name: _____ **Contact:** _____
Address: _____
Phone: () _____ Fax: () _____

Name: _____ **Contact:** _____
Address: _____
Phone: () _____ Fax: () _____

I (WE) CERTIFY THAT THE ABOVE INFORMATION IS TRUE AND CORRECT, AND THAT WE CAN AND WILL COMPLY WITH YOUR TERMS.

DATE _____ SIGNED _____ SIGNED _____
TITLE _____ TITLE _____