

# OMEGA | cinema props

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## application for credit

(This must be filled out in its entirety; 10 days to process typically)

Please print or type.

What date do you anticipate your first order to go out? \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

Company name: \_\_\_\_\_ Phone: \_\_\_\_\_

Street address: \_\_\_\_\_ Fax: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ Contact email: \_\_\_\_\_

Type of business: \_\_\_\_\_ Year started: \_\_\_\_\_

Corporation  Partnership  Individual

### Principals

Name: \_\_\_\_\_ SSN: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ Title: \_\_\_\_\_

Home address: \_\_\_\_\_ Phone: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Name: \_\_\_\_\_ SSN: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ Title: \_\_\_\_\_

Home address: \_\_\_\_\_ Phone: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

### Bank (We need all of the following information in order to process your application.)

Name: \_\_\_\_\_ Branch: \_\_\_\_\_ Account#: \_\_\_\_\_

Address: \_\_\_\_\_ Phone: \_\_\_\_\_

Fax: \_\_\_\_\_ Contact name: \_\_\_\_\_

Insurance carried with: \_\_\_\_\_ Carrier phone: \_\_\_\_\_

Policy number: \_\_\_\_\_

### IMPORTANT INFORMATION

Is a purchase order required?  Yes  No > Verbal vs. Physical (Please circle one)

Do you require new purchase orders for late charges and loss / damaged items?  Yes  No

Is this a resale account?  Yes  No (We must have a resale card for our files)

**IMPORTANT INFORMATION** *continued*

How long will you be filming? 1w 2w 3w 4w or more (Please circle one)

Lead person's name: \_\_\_\_\_ Contact phone: \_\_\_\_\_

Coordinator's name: \_\_\_\_\_ Contact phone: \_\_\_\_\_

Accountant's name: \_\_\_\_\_ Contact phone: \_\_\_\_\_

**Commercial references** (Fax numbers will expedite your credit verification)

Name: \_\_\_\_\_ Address: \_\_\_\_\_ Fax: \_\_\_\_\_ Phone: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**I accept Omega | cinema props' credit terms of Net 30 Days from the date of invoice.**

\_\_\_\_\_  
Signature Title Date / /

\_\_\_\_\_  
Printed name

Please make all checks payable to "OMEGA | cinema props"

Please allow 10 days to process your credit application. If a pick-up is scheduled before credit is approved, rental and deposit money will be required. Cash, check, American Express, Discover, MasterCard or Visa are accepted for payment. DEPOSIT REQUIREMENTS FOR RENTAL AND DEPOSIT CUSTOMERS: With an insurance binder, the deposit required is 25% of the replacement value of the items to be rented; without an insurance binder, the deposit required is 50% of the replacement value of the items to be rented.

Insurance binders must list OMEGA | cinema props as both "Loss Payee" and "Additional Insured"

**AUTHORIZATION TO RELEASE CREDIT INFORMATION**

OMEGA | cinema props is hereby authorized to request all necessary credit information from the references and banks given on the attached credit application and agreement, to assist in their extension of credit to the undersigned.

The said persons, bank(s) and/or companies are hereby authorized and directed to release such information to OMEGA | cinema props upon request.

IN THE EVENT THAT YOU RECEIVE A PHOTOCOPY OF THIS AUTHORIZATION, IT SHOULD BE TREATED AS AN ORIGINAL AND THE REQUESTED INFORMATION SHOULD BE RELEASED.

Date: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

Company: \_\_\_\_\_

Authorized signature: \_\_\_\_\_

Title: \_\_\_\_\_