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21061
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CREDIT APPLICATION

Production Title: _____

Production Address: _____

City/State/Zip: _____

Phone: _____ Email: _____

Federal Tax ID#: _____

UPM: _____

Phone: _____ Email: _____

Production Accountant: _____

Phone: _____ Email: _____

BANK REFERENCE

Bank name _____ Account Number _____

Branch Address _____

City/State/Zip: _____

Contact name _____ Fax/Email _____

Credit limit requested \$ _____ PO required before order accepted Yes No

You represent that you are an authorized representative with the authority to enter into this agreement and that the information contained in this application and any attachment is true, correct and complete. You consent to Mid Atlantic Costume, LLC (MAC) obtaining information about the Applicant from credit reporting agencies and other sources MAC deems appropriate in considering this Application. If credit is extended, you agree to be bound by all the terms and conditions on MAC's invoices and posted at www.midatlanticcostume.com.

Print name _____ Title _____

Signature _____ Date _____