

Flying Fingers Transcripts

Credit Application

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Visit us at: www.flyingfingerstranscripts.com

Business Name _____

Mailing Address _____ City _____ State _____ Zip _____

Shipping Address _____ City _____ State _____ Zip _____

Business Phone _____ Fax _____

Business Start Date _____ Corporation () Sole Proprietor () Partnership ()

Owner's Name _____

Accounts Payable Mgr. _____ Email to send Invoices _____

Telephone: _____ Fax: _____

Billing Address (if different) _____

Bank References

Name _____ Phone () _____

Address _____ City _____ State _____ Zip _____

Account # _____

Trade References

	Name	Address/Phone	City/State/Zip
1.	_____	_____	_____
2.	_____	_____	_____
3.	_____	_____	_____
4.	_____	_____	_____

I/We certify that the above information is true and correct, and that we can and will comply with your terms. I/We hereby authorize our bank to release any information necessary to assist in establishing credit. All invoices are Net 15 unless previous arrangements are made. Any invoices not rec'd within 30 days shall accrue a 1.5% per month late fee. Should our account become delinquent, we agree to pay any late charges and if collection is turned over to a third party, we agree to pay all fees incurred by *Flying Fingers Transcripts* including attorney's fees and court costs.

This document must be signed by the owner or corporate officer or other authorized personnel.

*****This document must be signed even if alternate credit/reference information is provided*****

(name - printed or typed) (signature) (title) (date)