



Return to: Credit Department
PO Box # 56257 Los Angeles, CA 90074-6257
Group Tel: (818)777-8593 Fax: (818)866-6767 naira.avetisyan@nbcuni.com

CREDIT APPLICATION

The following is provided to NBCUniversal LLC dba Universal City Studios LLC herein referred to as "Universal", for the purpose of establishing credit for the account of:

Customer Name ("Customer"):

Address:

City: State: Zip Code: This Location Since:
Tel: Fax: In Business Since:

E-Mail Address:

Please Check: Individual Partnership LLC Corporation State Incorporated: Date Incorporated:
Federal Tax ID No: Are You Rated With D & B? Yes No

PRINCIPALS, OFFICERS, PARTNERS OR OWNERS

Principal's Name: Title:

Address:

Tel: E-Mail:

Principal's Name: Title:

Address:

Tel: E-Mail:

Principal's Name: Title:

Address:

Tel: E-Mail:

GENERAL INFORMATION

Parent Company:

Has the Customer, Principal(s) or any of its affiliates done business with Universal under any other name? Yes No

Company Name(s) Used: Approximate Date(s):

Type of Production: Feature Television Commercial Other Name of Production:

Type of Services Required:
 Wardrobe Property Projection Stock Footage
 Editorial Rentals Set Lighting/Grip Stage Rental Transportation Other _____
 Sound Stock Units Office Rental Film & Videotape Services

Line Producer: Amount of Credit Requested:

Production Manager: Financial Contact:

Initials _____



Universal Studios Operations Group File #56257 Los Angeles, CA 90074-6257
Tel: (818) 777-2895 Fax: (818) 866-6767 naira.avetisyan@nbcuni.com

CREDIT APPLICATION

The following is provided to NBCUniversal LLC dba Universal City Studios LLC herein referred to as "Universal", for the purpose of establishing credit for the account of:

Bank Name:	Contact:	
Address:	Tel:	
Name on Account:	Account No:	Type of Account:
Bank Name:	Contact:	
Address:	Tel:	
Account Name:	Account No:	Type of Account:

INDUSTRY REFERENCES: (Open, active accounts) (Fax numbers must be included to process credit application)

Reference #1:	Contact:
Street Address:	Tel:
City/State/Zip:	Fax:
Reference #2:	Contact:
Street Address:	Tel:
City/State/Zip:	Fax:
Reference #3:	Contact:
Street Address:	Tel:
City/State/Zip:	Fax:

Payment Terms

Invoices are due and payable thirty (30) days from date of invoice.

Credit Information

Customer hereby warrants and represents that the information provided in this Credit Application is true and correct and acknowledges that such information is being provided for the purpose of inducing Universal to extend credit to the Customer.

Universal is hereby authorized by Customer to contact any or all of the persons and entities listed in this Credit Application and to otherwise conduct an investigation into Customer's credit record and all such persons and entities are hereby authorized to release all pertinent information to Universal. In that regard, Customer also authorizes Universal to furnish any information concerning Customer's credit file with Universal to consumer and/or commercial reporting agencies and others who may properly receive such information.

Attorney's Fees

Customer agrees to reimburse Universal for its reasonable attorney's fees and costs of Court incurred in connection with the collection of any sums due as a result of the extension of credit to Customer.

Set-Offs

Customer agrees that Universal shall have the right to set-off any amount which may become payable by Universal (or any of its affiliates) to Customer under the terms of any other agreement against sums due Universal as a result of the extension of credit to Customer.

Authority

The person executing this Credit Application on behalf of Customer, hereby represents that he/she has the authority to bind Customer to the provisions contained hereinabove.

Signed: _____ (Must be signed by Principal, Owner or Authorized Agent)	Date: _____
Name: _____ (Please Print)	Title: _____



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**CREDIT APPLICATION
ADDITIONAL INFORMATION**

FEATURE PRODUCTION

Project Name (or working title): _____
Start Date: _____ Wrap Date: _____
Distributor: _____
Producer: _____ Director: _____
How is the film being funded? _____

TELEVISION PRODUCTION

Project Name (or working title): _____
Start Date: _____ Wrap Date: _____
Type of Production:
 Episodic Number of episodes: _____ Season #: _____
 Pilot
 MOW
How is the project being funded? _____
For what Network/Cable Company? _____

Accountant/Auditor Name: _____ **Tel:** _____

Accountant E-Mail Address: _____
**For statements and correspondence*

Authorized buyers:

Name	Title
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____