



Independent Studio Services  
9545 Wentworth Street  
Sunland, CA 91040

Phone: (818) 951-5600  
Fax: (818) 951-2850  
Email: accounts@issprops.com

# Company Information & References

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

Title of Project: \_\_\_\_\_ Est. Wrap Date: \_\_\_\_\_

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

City: \_\_\_\_\_ ST: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Parent Company: \_\_\_\_\_ Letter of Guaranty:  Yes  No

Accountant: \_\_\_\_\_ Accountant Email: \_\_\_\_\_

Year Established: \_\_\_\_\_ What State? \_\_\_\_\_ Tax Exempt:  Yes (include cert.)  No

## LIST OF PERSONS AUTHORIZED TO ISSUE PURCHASE ORDERS

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

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

Propmaster: \_\_\_\_\_ Decorator: \_\_\_\_\_

## BANK REFERENCE

Bank Name: \_\_\_\_\_ Acct No: \_\_\_\_\_

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

City: \_\_\_\_\_ ST: \_\_\_\_\_ Zip: \_\_\_\_\_

Bank Phone: \_\_\_\_\_ Bank Fax: \_\_\_\_\_

## INDUSTRY REFERENCES ONLY (MUST INCLUDE FAX #S)

Name: \_\_\_\_\_ Ph: \_\_\_\_\_ Fax: \_\_\_\_\_

Name: \_\_\_\_\_ Ph: \_\_\_\_\_ Fax: \_\_\_\_\_

Name: \_\_\_\_\_ Ph: \_\_\_\_\_ Fax: \_\_\_\_\_

Terms are NET 30 DAYS from date of invoice. Accounts more than 30 days past due may be closed and all new orders held until account is brought current. One and one-half (1-1/2) percent per month will be charged on all past due amounts.

I do hereby certify that all information stated on this form is true and correct and agree to all the terms and conditions of rentals and sales contained here and within other published policies of Independent Studio Services.

\_\_\_\_\_  
Authorized Signature

\_\_\_\_\_  
Title

\_\_\_\_\_  
Date