



CREDIT APPLICATION

CineFilm Laboratory, Inc., 2156 Faulkner Road NE, Atlanta, GA 30324
CineTransfer (A Division of CineFilm)
Phone (404) 633-1448 • Outside Georgia (800) 633-1448 • Fax: 404-633-3867
E-mail: csr@cinemlab.com • URL: www.cinemlab.com

Name _____

Street _____

City _____ State _____ Zip _____

Phone # _____ Fax # _____ Mobile # _____

Estimated Dollar Requirement for 30 day Period \$ _____ Federal I.D. # _____

Nature of Business _____

Type of Business: Corporation _____ Partnership _____ Individual _____ Inception Date _____

Information on Proprietors, Partners, or Officers:

Name	Title	Home Address	Home Phone	Social Security #
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

Name	Title	Home Address	Home Phone	Social Security #
_____	_____	_____	_____	_____

Accountant/Bookkeeper	Phone #
_____	_____

Purchase Authorization: Written P.O. _____ Verbal P.O. _____ P.O. Not Required _____

Bank Reference:

Name _____ City _____ Contact _____ Phone _____

Trade References:

Name _____ Contact _____ Phone _____

Name _____ Contact _____ Phone _____

Name _____ Contact _____ Phone _____

LIMITATIONS OF LIABILITY:

Customer's films and video tapes are received, developed, duplicated and stored by CineFilm/CineTransfer only at the Customer's risk and CineFilm/CineTransfer does not accept responsibility for any loss or damage to such films and tapes from any cause whatsoever. In the event of damage or destruction of Customer's films or tapes, the liability of CineFilm/CineTransfer shall be limited to the replacement value of the raw film stock or video tape involved. CineFilm/CineTransfer recommends that the Customer insure all films and video tapes against all risks.

AGREEMENT:

The Undersigned understands and accepts responsibility for all charges made on this account by or on behalf of the applicant or its employees; and the undersigned also agrees to the limitations of liability set forth hereon, and such other terms and conditions as set forth in CINEFILM'S/CINETRANSFER'S invoice.

Signature _____

Type or Print Name _____

Title _____ Date _____