

BUSINESS INFORMATION (APPLICANT)

COMPANY NAME	TODAY'S DATE (mm/dd/yyyy)	
DWNER'S NAME		YEAR ESTABLISHED
WEBSITE		
BUSINESS TYPE (Sole Propriertorship, Partnership, Corpora	tion)	
FEDERAL TAX ID OR RESALE TAX ID	JBT ID	
CONTACT PERSON	TITLE	
CONTACT PHONE		
CONTACT EMAIL		
AUTHORIZED BUYER		
NAME (Owner, contact person or other)	EMAIL (If not stated abo	ve)
REGISTERED COMPANY ADDRESS		
STREET		SUITE
CITY	STATE	ZIP
PRIMARY BUSINESS ADDRESS (if differ		ZIP
CITY PRIMARY BUSINESS ADDRESS (if differentiations)		ZIP
PRIMARY BUSINESS ADDRESS (if differentiations)	ent) OR SHIPPING ADDRESS	ZIP
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The undersigned ("Applicant") is applying for credit with Tracy Arrington Studios ("Company") and agrees to abide by the terms and conditions of the Company's standard contract as stated on page 2.

CREDIT APPLICATION evidence that they are approved for retail sales in their state.



TRADE REFERENCES

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