

AVO'S CASTING CREDIT APPLICATION

635 SOUTH HILL ST. | SUITE 701
LOS ANGELES, CA 90014

TEL | 213.627.5059
FAX | 213.627.5072

COMPANY INFORMATION

Type of Business: Proprietorship Partnership Corporation

Company Name:

Federal Tax ID: Resale:

Telephone: Fax:

Address: City: State: Zip:

E-mail: Website Address:

COMPANY OWNER(S) INFORMATION

Name: Telephone:

Address: City: State: Zip:

Name: Telephone:

Address: City: State: Zip:

BANK INFORMATION

Bank Name: Account #:

Address: City: State: Zip:

Bank Officer Name: Telephone:

REFERENCES

Name: Telephone:

Address: City: State: Zip:

Name: Telephone:

Address: City: State: Zip:

Name: Telephone:

Address: City: State: Zip:

I authorize the references named above to release information to Avo's Casting for credit evaluation:

Signature: Date:

After completing this form, please email it to avocasting@yahoo.com or fax it to 213.627.5072.