



CREDIT APPLICATION

Company Name : _____ Date: _____

Company Address: _____ City: _____

Address Line 2: _____ State: _____ Zip: _____

Phone: _____ Fax: _____ Cell: _____

A/P Contact Name: _____ Exempt Use #: _____

Insurance Company: _____ Policy. # _____ Exp Date: _____

NOTE: Please send us an original copy of your INSURANCE CERTIFICATE listing us as “additional insured “ and “ loss payee” and, if applicable send us a copy of your EXEMPT USE CERTIFICATE (form ST-121). We cannot process your application without them.

BANK REFERENCE:

Bank Name: _____ Account #: _____

Bank Address: _____ City/State/Zip Code: _____

Officer/ Contact _____ Phone #: _____ Fax #: _____

COMMERCIAL REFERENCES:

1) Company Name: _____ Contact: _____

Address: _____ Phone # _____

2) Company Name: _____ Contact: _____

Address: _____ Phone # _____

3) Company Name: _____ Contact: _____

Address: _____ Phone # _____

4) Company Name: _____ Contact: _____

Address: _____ Phone # _____

Kits & Expendables
45-27 37th St
Long Island City, NY 11101
718-482-1824 / 718-482-1993
Fax 718-482-1853 / 718-482-1999

Feature Systems
223 Veterans Blvd
Carlstadt, NJ 07072
201-531-2299 / 212-736-0447
Fax 201-531-2290 / 212-465-1987

Kitstrucks
223 Veterans Blvd
Carlstadt, NJ 07072
201-531-9700
Fax 201-531-0038



BANK RELEASE AUTHORIZATION FORM

Production Company Name: _____

Company Owner or authorized person: _____

Address: _____

Phone: _____ Fax: _____

Production Company Authorized Signature: _____ Date: _____

Bank Name: _____

Account # : _____

Bank Contact: _____ Contact #: _____

The above named company has applied for credit with us:

We would like to extend them credit, and your experience will be helpful in determining if we should
This information will be strictly confidential. Please furnish me with the following information at
your earliest convenience.

Date Account Opened: _____

Balance Maintained: _____

Is the account non borrowing?: _____

Is the account handled to your satisfaction?: _____

Bank Signature: _____ Date: _____

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