

**Inland Production, Inc.**  
**CREDIT APPLICATION FOR A BUSINESS ACCOUNT**

**BUSINESS CONTACT INFORMATION**

Title:			
Company name:			
Phone:	Fax:	E-mail:	
Registered company address:			
City:	State:	ZIP Code:	
Date business commenced:			
Sole proprietorship:	Partnership:	Corporation:	Other:

**BUSINESS AND CREDIT INFORMATION**

Primary business address:			
City:	State:	ZIP Code:	
How long at current address?			
Telephone:	Fax:	E-mail:	
Bank name:			
Bank address:		Phone:	
City:	State:	ZIP Code:	
Type of account:	Account number:		
Savings			
Checking			
Other			

**BUSINESS/TRADE REFERENCES**

Company name:			
Address:			
City:	State:	ZIP Code:	
Phone:	Fax:	E-mail:	
Type of account:			
Company name:			
Address:			
City:	State:	ZIP Code:	
Phone:	Fax:	E-mail:	
Type of account:			
Company name:			
Address:			
City:	State:	ZIP Code:	
Phone:	Fax:	E-mail:	
Type of account:			

**AGREEMENT**

1. All invoices are to be paid 30 days from the date of the invoice. We accept checks, credit cards, and ACH Payments.
2. Claims arising from invoices must be made within seven working days.
3. By submitting this application, you authorize Inland Production, Inc. to make inquiries into the banking and business/trade references that you have supplied.

**SIGNATURES**

Title: Date:	Title: Date:
-----------------	-----------------

**Mailing Address:**

Inland Production, Inc.  
 3045 S. Archibald Ave., S-H #318  
 Ontario, CA 91761  
 Phone: 909-638-5045 Fax: 909-752-5432  
 www.inlandproduction.com