



**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 37<sup>th</sup> St  
Long Island City, NY 11101

718-482-1824 / 718-482-1993  
Fax 718-482-1853 / 718-482-1999

**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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