

**Independent Studio Services** 9545 Wentworth Street Sunland, CA 91040 **Phone**: (818) 951-5600 **Fax**: (818) 951-2850

Email: accounts@issprops.com

## **Company Information & References**

Company Name:			
Title of Project:	Est. Wrap Date:		
Address:			
City:	ST: _	Zip:	
Phone:	Fax: _		
Parent Company:		_ Letter of Guaranty:	☐ Yes ☐ No
Year Established:	What State?	_ Tax Exempt:	Yes (include cert.) $\square$ No
LIST OF PERSONS A	UTHORIZED TO ISSUE	PURCHASE ORDER	S
Name:	Title:		
Name:	Title:		
Propmaster:	De	corator:	
BANK REFERENCE			
Bank Name:	Acct No:		
Address:			
	ST: _		
Bank Phone:	Ba	nk Fax:	
INDUSTRY REFEREN	ICES ONLY (MUST INC	LUDE FAX #S)	
Name:	Ph:	F	ax:
Name:	Ph:	F	ax:
Name:	Ph:	F	ax:
held until account is broug amounts.	ht current. One and one-half	(1-1/2) percent per month	ue may be closed and all new orders will be charged on all past due
	d here and within other publis		gree to all the terms and conditions o nt Studio Services.
Authorized Signature	Title		 Date