



**Always depend on Wits End
for inventive products and solutions.**

NYC 212.242.9400 **LIC 718.361.8400**
fax: 212.242.1797 fax: 718.361.8440

COMPANY NAME: _____

ADDRESS: _____

PHONE: _____

FAX: _____

PRINCIPAL OWNER / PARTNERS: _____

TYPE OF BUSINESS (CHECK ONE): **CORPORATION** **PARTNERSHIP** **SOLE PROPRIETORSHIP**

ACCOUNTS PAYABLE CONTACT: _____

TAX EXEMPT / RESALE #: _____

INSURANCE COMPANY: _____

INSURANCE COMPANY#: _____

INSURANCE POLICY #: _____

* AN ORIGINAL INSURANCE CERTIFICATE NAMING WITS END PRODUCTIONS / WITS END TRUCKS AS "ADDITIONALLY INSURED/LOSS PAYEE" MUST BE SENT FROM YOUR INSURANCE CARRIER.

* ALL TERMS ARE NET 30. A CHARGE OF 1.5% WILL BE CHARGED OVER 30 DAYS FROM INVOICE DATE.

* WITS END RESERVES THE RIGHT AT ANY TIME TO REVOKE ANY CREDIT EXTENDED TO A CUSTOMER BECAUSE OF A CUSTOMER'S FAILURE TO PAY FOR GOODS WHEN DUE.

BANK REFERENCE:

BANK NAME: _____

ACCOUNT #: _____

BANK ADDRESS: _____

BANK PHONE #: _____

BANK OFFICER / CONTACT: _____

REFERENCES: (PLEASE LIST FOUR CURRENT VENDORS)

1) COMPANY NAME: _____

ADDRESS: _____

PHONE #: _____

CONTACT: _____

2) COMPANY NAME: _____

ADDRESS: _____

PHONE #: _____

CONTACT: _____

3) COMPANY NAME: _____

ADDRESS: _____

PHONE #: _____

CONTACT: _____

4) COMPANY NAME: _____

ADDRESS: _____

PHONE #: _____

CONTACT: _____

* CUSTOMER CERTIFIES THAT THE INFORMATION ABOVE IN THIS APPLICATION IS TRUE & CORRECT. WITS END IS HEREBY AUTHORIZED TO CONTACT ALL REFERENCES CONTAINED IN THIS APPLICATION WHO ARE AUTHORIZED TO RELEASE INFORMATION RELATED TO CUSTOMER'S CREDIT WORTHINESS. AUTHORIZED SIGNATURE ATTESTS APPLICANT'S FINANCIAL RESPONSIBILITY, ABILITY, AND WILLINGNESS TO PAY OUR INVOICES IN ACCORDANCE WITH THE TERMS AND CONDITIONS SET FORTH HEREOF WHICH SHALL APPLY TO EACH ORDER PLACED WITH WITS END OR WITS END TRUCKS.

NAME OF AUTHORIZED: _____

AUTHORIZED SIGNATURE: _____

DATE: _____