

Please return completed application to: Maria Sahakian, Marketing & Events Manager, Glendale Arts, 116 West California Avenue, Glendale, CA 91203; Tel: (818) 243-2611 ext. 16; Fax: (818) 241-2089.

Business Information:
Please Print Clearly

| | | |
|---|------------------------|--|
| Producer / Organization Signing the Agreement | | |
| Billing Address – Street / Post Office Box | | Suite / Apt. Number |
| City | State | Zip Code |
| Accounting Contact | Contact Name and Title | Primary Phone Number |
| Federal ID or Social Security Number | | Are you a nonprofit 501(c)(3) corporation? <input type="checkbox"/> Yes* <input type="checkbox"/> No |

* Must provide a copy of your Internal Revenue Service 501(c)3 Acceptance Letter 1045

Credit References (please list two):

| | | |
|--|------------------|---------------------|
| Business Name | | Type of Business |
| Mailing Address – Street / Post Office Box | | Suite / Apt. Number |
| City | State | Zip Code |
| Contact Name | Telephone Number | |

| | | |
|--|------------------|---------------------|
| Business Name | | Type of Business |
| Mailing Address – Street / Post Office Box | | Suite / Apt. Number |
| City | State | Zip Code |
| Contact Name | Telephone Number | |

Bank Reference:

| | | | |
|--|------------------|-------------|-------|
| Bank Name | | Branch Name | |
| Mailing Address – Street / Post Office Box | | | Suite |
| City | State | Zip Code | |
| Bank Contact Name | Telephone Number | Fax Number | |
| Checking Account <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, Account #: | | | |
| Savings Account <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, Account #: | | | |

I certify the information on this application is true and correct to the best of my knowledge and authorize representatives of Glendale Arts to contact the business and banking references listed above to verify the credit worthiness of my business or organization. Customer application form must be signed by signatory on accounts.

Signature: _____ Title: _____ Date: _____