

Please return completed application to: Maria Sahakian, Director of Marketing & Events, 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
<b>Accounting Contact</b>	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: \_\_\_\_\_