



SERVICE · RENTAL · SALES · STAGES

DU-ALL CAMERA CORPORATION
 231 West 29th Street, Suite 210 NYC 10001
 TEL # 212 643-1042 FAX # 212 643-9335
 Web: www.duallcamera.com
 Hours: 9 A.M.- 5 P.M. Monday - Friday

CREDIT APPLICATION

Company Name: _____ Date: _____
 Street Address: _____
 City: _____ State: _____ Zip: _____
 Phone: () _____ Fax: () _____

Type of Ownership: Cooperation Partnership Individual
 Principal Owners: _____

Application for credit is hereby made and the following references given. It is understood this information will be held in the strictest confidence and used only by your credit department.

BANKS (CHECKING ACCOUNT)

Name: _____
 Address: _____
 Telephone: _____
 Account Number: _____

BANKS (SAVINGS ACCOUNT)

Name: _____
 Address: _____
 Telephone: _____
 Account Number: _____

BUSINESS REFERENCES WHERE CREDIT NOW EXTENDED

<p>1 Name: _____ Address: _____ Telephone: _____ FAX: _____</p>	<p>2 Name: _____ Address: _____ Telephone: _____ FAX: _____</p>
<p>3 Name: _____ Address: _____ Telephone: _____ FAX: _____ FAX: _____</p>	<p>4 Name: _____ Address: _____ Telephone: _____</p>

We understand your terms and agree to abide by them. In making this application for credit I authorize you to make an investive consumer report whereby information is obtained through personal interviews with my friends or others whom I am acquainted. I understand that I have the right to make a written request, within a reasonable period of time, to receive additional detailed information about the nature and scope of this investigative consumer report.

Signed: _____ Title: _____
 Date: _____

FOR CREDIT DEPARTMENT USE ONLY

Credit O.K.'d Credit Refused Maximum
 Amount: _____

Reason: _____