



NEW ACCOUNT FORM

DATE	:	_____
CUSTOMER NUMBER	:	_____
COMPANY NAME	:	_____
ACCOUNT NAME	:	_____
BILLING ADDRESS	:	_____
ATTENTION (CONTACT)	:	_____
TEMPORARY AUTHORITY	:	_____
OTHER TEMPORARY AUTH	:	_____
TELEPHONE NUMBERS	:	_____
FAX NUMBER	:	_____
CELL NUMBER	:	_____
EMAIL ADDRESS	:	_____
CREDIT LIMIT	:	_____
STORAGE FACILITIES	:	_____
SPECIAL NOTES	:	_____

North Hollywood Location
10717 Vanowen St.
N. Hollywood, CA 91605
Tel: (818) 760-4223
Fax: (818) 760-1704

Burbank Location
2240 N. Screenland Dr.
Burbank, CA 91505
Tel: (818) 239-1961
Fax: (818) 239-1965