



CREDIT APPLICATION FORM

Please Note: Universal Studios Hollywood will request a Dun & Bradstreet report on your business in connection with your application

TO BE COMPLETED BY THE CUSTOMER (Completion of ALL fields is mandatory)

Credit Applicant

FEDERAL TAX ID#: _____ TYPE OF BUSINESS: _____

COMPANY NAME: _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

PHONE: () - _____ FAX: () - _____

1st CONTACT NAME: _____ TITLE: _____
(This name to appear on BILLING INVOICE)

PHONE: () - _____ FAX: () - _____

E-MAIL: _____

1st CONTACT SIGNATURE: _____ DATE OF SIGNATURE: _____

2nd CONTACT/CO. OFFICER: _____ CO. OFFICER TITLE: _____
→ (Must be different from "1st Contact Name") (Examples: VP, Owner, Finance Manager)

2nd CONTACT SIGNATURE: _____ DATE OF SIGNATURE: _____
→ (Must be a legally binding signatory)

Customer Contact Information

*****PLEASE COMPLETE THIS SECTION IF "BILLING ADDRESS" IS DIFFERENT FROM ABOVE*****

BILL TO: _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

ATTENTION: _____

Customer Billing Info.

TO BE COMPLETED BY UNIVERSAL STUDIOS HOLLYWOOD SALES DEPARTMENT

SALES MANAGER: _____

APPLYING FOR:

VGS #: _____

- CONSIGNMENT
- VOUCHER/ARRANGED CREDIT

CHANNEL/SEGMENT: RSM: Consignment

(Please check one)

- RSM: Military
- RSM: Education
- RSM: Youth
- RSM: College
- TII: Asia/Pacific Rim
- TII: Australia/New Zealand
- TII: Europe
- TII: Latin America

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- TID: Domestic Wholesale/ARC
- TID: AAA Branch Sales
- TID: Local Sightseeing Bus Co.
- TID: Hotel Ticket Sales
- TID: Retail & Affinity Programs
- Internet Sales
- Marketing/Promotions
- Other - PLEASE LIST: _____

USH Sales

TO BE COMPLETED BY UNIVERSAL STUDIOS HOLLYWOOD CREDIT DEPARTMENT

DATE RECEIVED: _____

1st REVIEWER: _____

DATE SUBMITTED: _____

STATUS:

- Approved
- Denied
- Cancelled

CREDIT LIMIT: _____

MANAGER'S APPROVAL: _____

DATE FINALIZED: _____

USH Accounting

Please fax back completed form to 818-622-0305. Thank you, Kelly Molden