OAVS OAKLAND AUDIO-VISUAL SERVICE, INC.
2453 Verna Court San Leandro, CA 94577 Voice (510) 347-4545 Fax (510) 895-1658

YOUR FULL SERVICE AUDIO-VISUAL RENTAL COMPANY
www.oavs.com

CREDIT APPLICATION

Company Name _____ Voice phone number _____ Fax number _____

Address _____ Number of Years at This Address _____

City _____ State _____ Zip Code _____ Contact Name _____

THE FOLLOWING INFORMATION MUST BE COMPLETED IN FULL-ALL INFORMATION WILL BE HELD IN STRICTEST CONFIDENCE

FOR ☐ CORPORATION ☐ PARTNERSHIP ☐ PROPRIETORSHIP ☐ INDIVIDUAL ☐ INCORPORATED W/IN LAST 12 MOS.

Name (President): _____ Address: _____
Name (Treasurer): _____ Address: _____

Finance:

Bank Name: _____ Contact: _____
Address: _____
Phone: ( ) _____ Fax: ( ) _____ Account #: _____

Please fax statement of release to obtain bank information.

Credit References:

Name: _____ Contact: _____
Address: _____
Phone: ( ) _____ Fax: ( ) _____

Name: _____ Contact: _____
Address: _____
Phone: ( ) _____ Fax: ( ) _____

Name: _____ Contact: _____
Address: _____
Phone: ( ) _____ Fax: ( ) _____

Name: _____ Contact: _____
Address: _____
Phone: ( ) _____ Fax: ( ) _____

I (WE) CERTIFY THAT THE ABOVE INFORMATION IS TRUE AND CORRECT, AND THAT WE CAN AND WILL COMPLY WITH YOUR TERMS.

DATE _____ SIGNED _____ SIGNED _____

TITLE _____ TITLE _____