

# ALPHA DOG TRANSCRIPTIONS CREDIT APPLICATION

**\*\*This document must be signed even if alternate credit/reference information is provided\*\***  
Please do not write "See attached" and submit an incomplete form,  
as this will delay processing of your account.

## GENERAL INFORMATION

Company Name _____	Parent Company _____
Address _____	
City _____	State _____ Zip _____
Telephone (    ) _____	Email _____

## ACCOUNTING INFORMATION

A/P Contact _____	* Are P.O.s Required? <input type="checkbox"/> Yes <input type="checkbox"/> No
Send Invoices to <input type="checkbox"/> Above <input type="checkbox"/> Other _____	* Send by <input type="checkbox"/> Email (.PDF) <input type="checkbox"/> Mail
A/P Phone (    ) _____	A/P Email _____
Billing Address (If Different) _____	
City _____	State _____ Zip _____

## BANK ACCOUNT INFORMATION

Bank Name _____	Acct #: _____
Address _____	City _____ State _____ Zip _____
Telephone (    ) _____	Type of Account _____

## TRADE REFERENCES (Phone and fax numbers must be provided!)

Name _____	Telephone (    ) _____
Address _____	Fax (    ) _____
City _____	State _____ Zip _____
Name _____	Telephone (    ) _____
Address _____	Fax (    ) _____
City _____	State _____ Zip _____
Name _____	Telephone (    ) _____
Address _____	Fax (    ) _____
City _____	State _____ Zip _____

For the purpose of obtaining services from Alpha Dog Transcriptions (ADT), the above statement in writing is made, intending that you should rely on the same as correct. All invoices are Net 15 unless previous arrangements are made. Any invoice balance not received in 30 days shall accrue a 1.5% per month finance charge until paid in full. Any invoice balance not paid within 60 days shall be charged an additional \$29.00 per month late fee per invoice until paid in full. Should our account become delinquent, we agree to pay all late fees and finance charges and if collection is turned over to a third party, we agree to pay all fees incurred by ADT, including attorney's fees, court costs and other third party charges and fees. Applicant by signing attests to financial responsibility and acknowledges reading and agreeing to all quoted rates, terms as specified in ADT's Policies and Procedures, and terms on this application. Signature below authorizes release of bank and trade information to ADT.

**\*\*\*\*This document must be signed by the owner or corporate officer or other authorized personnel. \*\*\*\***

Signature \_\_\_\_\_ Print Name \_\_\_\_\_  
Title \_\_\_\_\_ Date \_\_\_\_\_

Alpha Dog Transcriptions, a division of Imaginal Cells FilmWorks, Inc.  
6314 Ethel Avenue, Van Nuys, CA 91401 Phone (818) 785-6818 FAX (818) 937-6888



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Website: www.AlphaDogTranscriptions.com  
E-mail: info@AlphaDogTranscriptions.com

### RATING INQUIRY ON BANK ACCOUNT

TO: Bank Name: \_\_\_\_\_ Branch #: \_\_\_\_\_  
Address: \_\_\_\_\_  
Phone Number: \_\_\_\_\_  
Acct. Number: \_\_\_\_\_

FROM: Customer: \_\_\_\_\_  
Address: \_\_\_\_\_  
Phone Number: \_\_\_\_\_

We have requested the extension of credit from Alpha Dog Transcriptions. Please accept this memorandum as your authorization to provide all relevant information regarding our banking practices including the age of the account, average balances, delinquencies or checks written on insufficient funds.

We agree to hold the bank and its employees harmless for any injury or claim arising from the release of any confidential information. Thank you for your prompt response to this request. Please contact our office with any questions.

Authorized Signature: \_\_\_\_\_  
Authorized Signature: \_\_\_\_\_  
Date: \_\_\_\_\_

FOR BANK USE ONLY	
Date Acct Opened: _____	Average High: _____
Returned Checks?: _____	Rating: _____
Comments: _____	
Bank Officer Name: _____	
Signature: _____	
Date: _____	
<i>Please fax this inquiry back to Alpha Dog Transcriptions at (818) 937-6888 as soon as possible so they can complete their investigation on our credit application. Thank you.</i>	