



1015 N Hollywood Way, Burbank, CA 90038 • Tel. (818) 487-5000 • Fax (323) 464-1518

CUSTOMER PROFILE

Thank you for choosing Moviola. Please fill out the following information and submit it to our accounting department. Please note that we are a net 30 day company OAC. This form must be completed in its entirety.

Company Name:		Parent Company (if applicable):				
Address:						
City:		State:		Zip:		
Contact:			E-mail:			
Phone:			Fax:			
Type of Business:	<input type="checkbox"/> Studio <input type="checkbox"/> Student	<input type="checkbox"/> Cable Co. <input type="checkbox"/> Education	<input type="checkbox"/> Post House <input type="checkbox"/> Corporate	<input type="checkbox"/> Production Co. <input type="checkbox"/> Government	<input type="checkbox"/> Network <input type="checkbox"/> Dub House	<input type="checkbox"/> Rental House
Resale Certificate Number:				<input type="checkbox"/> Copy Certificate Attached		
Post Production Tax Exemption Number:				<input type="checkbox"/> Copy Certificate Attached		
Person(s) Authorized to Purchase:						
Moviola Salesperson (signature)				Ext #:		Date:
Billing Address: <input type="checkbox"/> same as company (above)						
City:		State:		Zip:		
Phone:			Fax:			
Contact:						
Shipping Location: <input type="checkbox"/> same as billing <input type="checkbox"/> same as company						
City:		State:		Zip:		
Contact:						
Phone:			Fax:			
Special Instructions:						

Signed: _____ Title: _____
 Print: _____ Date: _____