



Credit Application & Contact Information

The three page form below is editable, and can be accessed online at stxentertainment.com/theaterwelcomepack Information can be filled directly into the form. This form must be fully completed, signed and returned to STX Entertainment.

Return Options:

Easiest:

Scan and E-mail the **SIGNED** completed form to our secure email box theaters@stxentertainment.com

Easy:

If you are not able to scan and E-mail please fax **SIGNED** form to STX Entertainment at (310) 742-2391

Other:

If you chose to send forms back via US Mail please send to STX Entertainment at the address below.

If you are not able to scan and E-Mail or Fax then please call Vision Media at (877) 335-8936. At that time a representative will be available in assisting you with returning your STX Entertainment forms.

STX Entertainment

C/O: Distribution Operations
3900 W. Alameda Ave
32nd Floor
Burbank, CA 91505

Helpful hints for using Adobe Reader Fill-In forms:

- Press TAB to move to the first editable field or checkbox
- Press TAB to accept the text entered and to go to the next field, or press SHIFT+TAB to accept the entered text and go to previous field. Or you can position the hand pointer inside a form field and click
- Checkboxes: Clicking the space bar will place or remove a check mark, or you can just click in the box

STX Productions, LLC

CONFIDENTIAL CREDIT APPLICATION

Name of Entity or individual operating theatre? _____

Business Address _____

City _____ State _____ Zip Code _____

Telephone No. _____ Email _____

Website(s): _____

In consideration of our application to obtain a license for STX's motion pictures for exhibition at the theatre(s) set forth below, we affirm the accuracy of the following information:

1. We have been in business since _____
2. Our Federal Tax Identification Number is _____
3. Date that you began operating theatre(s) _____
4. Please list the following for each theatre operated by you:

<i>Theatre Name</i>	<i>Theatre Address, City, State + Zip Code</i>	<i>Telephone Number</i>
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_____	_____	_____
_____	_____	_____
_____	_____	_____

At the above location(s) we: _____ rent space _____ own the building(s)

5. We are a: (please check one)

Corporation Limited Liability Company or Partnership or Sole Proprietor

If Corporation or a Limited Liability Company fill out the following:

- a) State of Incorporation / State Where Articles of Organization Filed _____
- b) Month & Year of Incorporation / Month & Year LLC Formed _____
- c) The Officers of the Corporation and / or Member(s) of LLC

President / Managing Member _____ Social Security #: _____

Address _____ City _____ State _____ Zip _____

Telephone No. _____ Email _____

Vice President / Member _____ Social Security #: _____

Address _____ City _____ State _____ Zip _____

Telephone No. _____ Email _____

Treasurer / Member _____ Social Security #: _____

Address _____ City _____ State _____ Zip _____

Telephone No. _____ Email _____

Secretary / Member _____ Social Security #: _____

Address _____ City _____ State _____ Zip _____

Telephone No. _____ Email _____

Other Officers and/or Directors _____

Agent registered with the State:

Name _____

Address _____ City, State, Zip _____

STX Productions, LLC

CONFIDENTIAL CREDIT APPLICATION

Has the corporation, LLC or any of its officers, members or directors declared bankruptcy or been involved in an involuntary bankruptcy proceeding? Yes No

Please proceed to #6

If Partnership fill out the following:

Name _____ Social Security #: _____

Address _____ City _____ State _____ Zip _____

Telephone No. _____ Email _____

Name _____ Social Security #: _____

Address _____ City _____ State _____ Zip _____

Telephone No. _____ Email _____

Has any partner declared bankruptcy or been involved in an involuntary bankruptcy proceeding? Yes No

Please proceed to #6

If Sole Proprietor fill out the following:

Name _____ Social Security #: _____

Address _____ City _____ State _____ Zip _____

Telephone No. _____ Email _____

Has the proprietor declared bankruptcy or been involved in an involuntary bankruptcy proceeding? Yes No

6. We presently carry \$ _____ multi-peril insurance and \$ _____ insurance to cover business interruption

7. Our banking relationship is as follows:

PRIMARY BANK

Name of Bank _____

Address _____ City _____ State _____ Zip _____

Bank Account Number(s) _____

8. Is there any litigation pending against you and / or your company(s), corporation(s) or theatre(s)? Yes No

(If you answered yes, please list the details of the litigation on a separate sheet of paper, including the date the action was commenced, the name of the plaintiff(s) involved, the cause of action, and the current disposition of the suit(s).)

THE SIGNATURE BELOW HEREBY AUTHORIZES STX AND/OR ITS AGENTS TO CONTACT BANK, CREDIT INVESTIGATING AGENCIES AND FINANCIAL INSTITUTIONS TO VERIFY THE ACCURACY OF THE INFORMATION CONTAINED HEREIN.

Dated _____

Full Legal Name _____

Print Name and Title of Individual Executing Application _____

Authorized Signature _____

Driver's License: State: _____ No: _____

STX

ENTERTAINMENT

Company Name: _____

Exhibitor/Vendor Contact Information

Film Buyer(s):

<u>Name</u>	<u>Territory</u>	<u>Phone #</u>	<u>Email</u>

Screening Contact:

<u>Name</u>	<u>Phone #</u>	<u>Email</u>

Accounts Payable Contact:

<u>Name</u>	<u>Phone #</u>	<u>Email</u>