



Application for Credit

Anticipated Annual Spend \$ _____
Date: _____ Fax: _____
Company Name: _____ Phone #: _____
D/B/A Name(s): _____
Billing Address: _____
Physical Address: _____
If your bills are not paid from the above address, please list that address & phone #: _____

Type of Business: _____ Date Started: _____
Is your Company Incorporated? _____ If Yes, What State? _____ Federal ID #: _____
Business is: Individual _____ Partnership _____ Corporation _____

Principal Owner(s) or Officer(s):

Name: _____ SS#: _____ Title: _____
Address & Phone #: _____
Name: _____ SS#: _____ Title: _____
Address & Phone #: _____

Name of Accounts Payable Manager: _____ Phone #: _____
AP Email: _____ AP Fax: _____

Bank Reference:

Name of Bank: _____ Phone #: _____ Fax #: _____
Address: _____
Type of Account: _____ Account #: _____ Contact Person: _____

Is Company Tax Exempt? _____ *If yes, you must include a certificate of tax exemption with application.*

Do you require Purchase Order Numbers on your invoices? _____
Do you require Job ID # or Names on your invoices? _____

Please list persons allowed to charge: (If more space is needed, please attach an additional list)

Name/Title	Email	Phone

Trade References: (Must provide at least 3)

Name: _____ Phone #: _____ Fax #: _____

Address: _____

Name: _____ Phone #: _____ Fax #: _____

Address: _____

Name: _____ Phone #: _____ Fax #: _____

Address: _____

Name: _____ Phone #: _____ Fax #: _____

Address: _____

The undersigned hereby agrees that our rental terms are NET 15 Days from the date of the invoice. Anything that is not paid within these terms becomes past due, all discounts received will be forfeited along with a service charge of 1.5%/month (18% annually) will be added on any past due portion and must be paid in full. The credit card on file will be charged for balances not paid within the Net 10 terms. If my account should run over 15 days past due, I understand that a hold will be placed on my account without notification to me until all past due invoices and finance charges are paid in full. In the event of default of payment and if the same is placed for collection, the Undersigned agrees to pay the full amount owed, plus all Collection Cost, including a 15% Attorney's Fee and any Court Cost Fees. The Undersigned agrees that any changes of Ownership, Offices, or Form of Business Operating As, shall be made known in writing to **Party Pro Rents** and a new credit application must be filled out. The Undersigned also acknowledged that he/she has read and understands the enclosed Policies & Procedures of **Party Pro Rents**. The Undersigned represents that he/she has the authority to execute this credit agreement on behalf of the business identified and the information contained in this application is true, correct, and complete to the best of my knowledge, and hereby authorizes any credit investigation needed for verification for the purpose of establishing credit with **Party Pro Rents**.

Owner/Partners Signature: _____ Title: _____ Date: _____

Print Name of Individual Signing This Application: _____

CREDIT DEPARTMENT USE ONLY

Line of Credit Approved / Denied Amount: _____ Date: _____

Comments: