



Application for Credit

Amount of Line Of Credit Requested \$ _____

Date: _____

Fax: _____

Company Name: _____

D/B/A Name(s): _____

Billing Address: _____

Physical Address: _____

If your bills are not paid form the above address, please provide that address: _____

Type of Business: _____ Date Started: _____

If 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: _____ SS#: _____ Title: _____

Address: _____

Type of Account: _____ Account#: _____ Contact Person: _____

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

Do you require a Purchase Order Number on your invoices? _____

Do you require a Job ID# or Names on your invoices? _____

Please list persons that are allowed to use account: (Attach list if more space is needed)

Name/Title	Email	Phone

Trade References: (Must provide at least 3)

Name: _____ Phone #: _____ Fax #: _____

Address: _____

Name: _____ Phone #: _____ Fax #: _____

Address: _____

Name: _____ Phone #: _____ Fax #: _____

Address: _____

You must include a certificate of liability Insurance

The undersigned hereby agrees that our terms of sale and rental are NET 30 Days from the date of the invoice. Anything that is not paid within these terms becomes past due, and a service charge of 1.5% per month (18% annually) will be added on any past due portion and must be paid in full. If my account should run over 60 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 Costs Fees. The Undersigned agrees that any changes of Ownership, Offices, of Form of Business Operating As, shall be made know in writing to ABCO Party Rentals 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 ABCO Party Rentals. 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 ABCO Party Rentals.

Owner/Partner Signature: _____ Title: _____ Date: _____

Print Name of Individual Signing This Application: _____

Credit Department Use Only

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

Comments: