



YOUR ONE STOP PARTY RENTAL STORE

11091 NW 27 ST SUITE 100, Miami, Florida 33172
Phone 305-592-1223 --- Fax 305-593-1038

CREDIT APPLICATION

NAME OF BUSINESS: \_\_\_\_\_

D/B/A: \_\_\_\_\_

BILLING ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE \_\_\_\_\_ ZIP CODE: \_\_\_\_\_

TELEPHONE #: ( ) \_\_\_\_\_ FAX #: ( ) \_\_\_\_\_

TYPE OF BUSINESS:

CORPORATION \_\_\_\_\_ PARTNERSHIP \_\_\_\_\_ PROPRIETORSHIP \_\_\_\_\_ PERSONAL \_\_\_\_\_

IF CORPORATION, INCORPORATED IN WHAT STATE: \_\_\_\_\_ YEAR: \_\_\_\_\_

FEDERAL ID #: \_\_\_\_\_ YEARS IN BUSINESS: \_\_\_\_\_

NAME OF PRINCIPAL OFFICERS OR PARTNERS:

PRESIDENT: \_\_\_\_\_ V.PRESIDENT: \_\_\_\_\_

COMPTROLLER: \_\_\_\_\_ DIR. OF A/P : \_\_\_\_\_

A/P PAYABLE EMAIL ADDRESS: \_\_\_\_\_

A/P PHONE #: \_\_\_\_\_ A/P FAX: \_\_\_\_\_

PURCHASE ORDER REQUIRED? YES: \_\_\_\_\_ NO: \_\_\_\_\_

TAX EXEMPT: YES: \_\_\_\_\_ NO: \_\_\_\_\_ NUMBER: \_\_\_\_\_

if tax exempt mail copy of tax exempt certificate along with application

NAME OF BANK: \_\_\_\_\_ TEL#: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP CODE: \_\_\_\_\_ ACCOUNT #: \_\_\_\_\_

MAJOR CREDIT CARD: VISA: \_\_\_\_\_ M/C: \_\_\_\_\_ AMERICAN EXPRESS: \_\_\_\_\_

CARD # \_\_\_\_\_ EXP. DATE: \_\_\_\_\_

NAME AS IT APPEARS ON CARD: \_\_\_\_\_

**PERSONNEL AUTHORIZED TO RENT:**

1. \_\_\_\_\_ 2. \_\_\_\_\_  
3. \_\_\_\_\_ 4. \_\_\_\_\_

**BUSINESS REFERENCES:**

NAME OF BUSINESS: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP CODE: \_\_\_\_\_ TEL#: \_\_\_\_\_

NAME OF BUSINESS: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP CODE: \_\_\_\_\_ TEL #: \_\_\_\_\_

**TERMS AND CONDITIONS**

*The undersigned and applicant agree to the terms and conditions of the account as stated below:*

- 1. Agrees to pay all charges and costs incurred for replacement or repair of missing or damaged equipment.*
- 2. Agrees to pay all labor charges incurred due to equipment not being ready for pick-up and returned to a mutually convenient location (i.e. tables and chairs stacked and ready dishes cleaned and re-packed in crates) as agreed per terms of contract.*
- 3. All charges including delivery charges, replacement charges, etc. are payable upon receipt, but no longer than **30 days** of final invoice date. Outstanding balances are subject to 1.8% per month interest.*
- 4. The undersigned officer, in order to induce the granting of credit to the above named firm, hereby personally guarantees the payment of the company's account. I hereby agree to bind myself to pay you on demand any sum which may become due to you by the Company whenever the Company shall fail to pay the same. It is understood that this guaranty shall be a continuing and irrevocable guaranty and indemnity for such indebtedness of the company. The undersigned guarantor agrees to pay, in the event the amount becomes delinquent and is turned over for collection, attorney's fee plus all attendant collections cost. The undersigned officer, in order to induce the granting of credit to the above named firm, hereby personally guarantees the payment of the company's account.*

**Signature:** \_\_\_\_\_

**Print Name :** \_\_\_\_\_ **Date:** \_\_\_\_\_