



# AV Party Rentals

EVERYTHING FROM TEASPOONS TO TENTS - SINCE 1968

800-362-8389 661-259-2151 818-362-8389 (FAX) 661-259-0133

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## CREDIT APPLICATION AND AGREEMENT

COMPANY NAME \_\_\_\_\_ Telephone ( ) \_\_\_\_\_

Name \_\_\_\_\_ Title \_\_\_\_\_ Fax # ( ) \_\_\_\_\_

Business Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_ Zip \_\_\_\_\_

Billing Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_ Zip \_\_\_\_\_

Controller/Acct. Payable \_\_\_\_\_ Phone/Ext. ( ) \_\_\_\_\_

**Applicant is:** ( ) Individual ( ) Partnership ( ) Corporation \_\_\_\_\_ Year Inc.

If individual, Social Security Number \_\_\_\_\_ How long in Business \_\_\_\_\_

If Partnership or Corp., Federal Tax ID # \_\_\_\_\_ How long in Business \_\_\_\_\_

Please provide the following information for each of the Partners or Corporate Officers:

Name \_\_\_\_\_ Title \_\_\_\_\_ Name \_\_\_\_\_ Title \_\_\_\_\_

Address \_\_\_\_\_ Address \_\_\_\_\_

City \_\_\_\_\_ St \_\_\_\_ Zip \_\_\_\_\_ City \_\_\_\_\_ St \_\_\_\_ Zip \_\_\_\_\_

Social Security \_\_\_\_\_ Social Security \_\_\_\_\_

Name \_\_\_\_\_ Title \_\_\_\_\_ Name \_\_\_\_\_ Title \_\_\_\_\_

Address \_\_\_\_\_ Address \_\_\_\_\_

City \_\_\_\_\_ St \_\_\_\_ Zip \_\_\_\_\_ City \_\_\_\_\_ St \_\_\_\_ Zip \_\_\_\_\_

Social Security \_\_\_\_\_ Social Security \_\_\_\_\_

Purchase Order required? ( ) Yes ( ) No

Name of Bank \_\_\_\_\_ Account # \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Contact \_\_\_\_\_ Telephone ( ) \_\_\_\_\_

CREDIT REFERENCES

Name \_\_\_\_\_ Telephone ( ) \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Name \_\_\_\_\_ Telephone ( ) \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Name \_\_\_\_\_ Telephone ( ) \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Name \_\_\_\_\_ Telephone ( ) \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

The undersigned hereby acknowledges and agrees that this application is for a thirty (30) day account, that all bills are due and payable on or before the tenth (10<sup>th</sup>) day of each month; that all bills not paid on the 25<sup>th</sup> day of such month shall incur a service charge equal to 1½ % per month on the unpaid balance; that all credit privileges shall automatically terminate when an account becomes sixty (60) days past due.

The undersigned agrees to pay any collection charges, including reasonable attorney's fees and court costs, incurred in connection with collection of any past due account.

PERSONAL GUARANTEE  
(Corporation)

The undersigned hereby personally guarantees all obligations to A.V. Party Rental, Inc. incurred by the above corporation.

X \_\_\_\_\_  
Signature

Dated \_\_\_\_\_ Print Name \_\_\_\_\_

Title \_\_\_\_\_

Home Address \_\_\_\_\_ Telephone ( ) \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_