

APPLICATION FOR CREDIT

Send to: **PARTYTIME RENTALS, INC.**
PO BOX 1226
HOPEWELL JUNCTION, NY 12533

Fax# (845) 765-3412
Phone# (845) 226-2447

COMPANY: _____

TELEPHONE: _____

BILLING ADDRESS:

ADDRESS CITY STATE ZIP

DELIVERY ADDRESS:

ADDRESS CITY STATE ZIP

MUST BE COMPLE IN FULL - ALL INFORMATION WILL BE HELP IN STRICT CONFIDENCE

CONTACT INFORMATION

PURCHASING:

CONTACT NAME EMAIL PHONE FAX

ACCOUNTS PAYABLE:

CONTACT NAME EMAIL PHONE FAX

FINANCE

BANK NAME ADDRESS CITY ST ZIP

ACCOUNT NUMBER ACCOUNT REPRESENTATIVE NAME PHONE

TRADE REFERENCES

NAME ADDRESS PHONE FAX

NAME ADDRESS PHONE FAX

NAME ADDRESS PHONE FAX

PLEASE ADVISE US OF ANY PROCEDURES THAT WE MUST FOLLOW TO ENSURE THAT OUR INVOICES ARE PAID IN ACCORDANCE WITH OUR CREDIT TERMS (NET 30 DAYS). ANY PAST DUE INVOICES WILL BE CHARGED TO THE PRE-AUTHORIZED CREDIT CARD ON FILE - SEE BELOW_

NOTES:

THE UNDERSIGNED CUSTOMER HEREBY AUTHORIZES PARTYTIME RENTALS, INC. TO CHARGE THE BELOW LISTED CREDIT CARD IN PAYMENT OF MATERIAL GOODS/LABOR/SHIPPING AND HANDLING FEES FOR PURCHASES OR RENTALS MADE VERBALLY OR WITH WRITTEN CONSENT THAT ARE PAST DUE IN ACCORDANCE WITH OUR CREDIT TERMS. THE UNDERSIGNED UNDERSTANDS THAT THE SAME TERMS AND CONDITIONS NORMALLY GOVERNING THE USE OF THE CREDIT CARD APPLY TO THIS USE AS WELL.

THE UNDERSIGNED CUSTOMER AUTHORIZES PARTYTIME RENTALS, INC. AND ITS AGENTS TO PERFORM CREDIT CARD CHECKS AND OTHER CREDIT OR FINANCIAL INFORMATION OR REFERENCES SUBMITTED TO PARTYTIME RENTALS, INC. WHERE PERMITTED. THE UNDERSIGNED REPRESENTS THAT HE/SHE HAS THE AUTHORITY TO REQUEST THE UNDERSIGNED CREDIT CARD TO BE BILLED FOR THESE SERVICES/PRODUCTS WITHOUT DISPUTE.

CREDIT CARD (please check one): ___MASTERCARD ___VISA ___DISCOVER ___AMERICAN EXPRESS

CREDIT CARD NUMBER: _____

EXPIRATION DATE: _____ CID (Card Identification Digits): _____

CREDIT CARD HOLDER'S NAME: _____

CARD HOLDER'S SIGNATURE: _____

BILLING ADDRESS OF CARD:

ADDRESS CITY STATE ZIP

I (WE) CERTIFY THAT THE ABOVE INFORMATION IS TRUE AND CORRECT AND THAT WE CAN AND WILL COMPLY WITH ALL APPROVED PARTYTIME RENTALS PAYMENT TERMS. I ALSO CERTIFY THAT I AM AUTHORIZED TO SIGN THIS AGREEMENT AND TO COMMIT OUR COMPANY TO AGREE TO THE TERMS AND CONDITIONS SET FORTH BY PARTYTIME RENTALS.

SIGNED NAME TITLE DATE

SIGNED NAME TITLE DATE



www.partytime-rentals.com