



**CUSTOMER INFORMATION SHEET**

72 Wilson Road Eighty Four, PA 15330  
 Phone: 724.745.1500 Fax: 724.745.1200

NAME OF BUSINESS		PHONE NUMBER	
P.O. BOX	STREET ADDRESS (must be given)		FAX NUMBER
CITY	COUNTY	STATE	ZIP CODE
<b>BUSINESS</b>			
Nature of Business		Years In Existence	Federal I.D. No.
			State of Incorporation
Type of Ownership <input type="checkbox"/> Corporation <input type="checkbox"/> Partnership <input type="checkbox"/> Limited Partnership <input type="checkbox"/> Proprietorship		Preferred method to receive bills: <input type="checkbox"/> Email <input type="checkbox"/> Fax <input type="checkbox"/> Mail	
Email Address		Fax Number	
<b>REQUEST</b>			
Credit Line Requested	A/P Supervisor		Phone
Purchase Orders Required For Payment?			<input type="checkbox"/> YES <input type="checkbox"/> NO
Is your company tax exempt? (If you answered yes, please provide needed tax certificate per attached.)			<input type="checkbox"/> YES <input type="checkbox"/> No
<b>EQUIPMENT PROTECTION PLAN OPTIONS (Answer Yes To Only ONE Of The Following)</b>			
Do You Wish To Take The Equipment Protection Plan* On All Contracts?			<input type="checkbox"/> YES <input type="checkbox"/> No
Do You Wish To Take The Equipment Protection Plan* (EPP) Case By Case Only? (If you answered yes, please provide a copy of your Certificate of Insurance. Refer to attached draft for required language.)			<input type="checkbox"/> YES <input type="checkbox"/> NO
Do You Wish To Decline The Equipment Protection Plan* (EPP)? (If you answered yes, please provide a copy of your Certificate of Insurance. Refer to attached draft for required language.)			<input type="checkbox"/> YES <input type="checkbox"/> NO
<b>The Following Employees Are Authorized To Charge Until All Occasions Party Rental Receives Notification Otherwise</b>			
Name/Position		Name/Position	
Name/Position		Name/Position	
Name/Position		Name/Position	
Other Requirements (Please Specify):			
<b>REFERENCES - BANK</b>			
Principal Bank		Address	
Banker's Name	Account Number	Phone	
Other Bank or Prior Bank		Address	
Banker's Name	Account Number	Phone	



**BUSINESS CREDIT REFERENCES**

Full Business Name

Address

City/State

Zip Code

Phone Number (Including Area Code)

Fax Number (Including Area Code)

Contact Name

Full Business Name

Address

City/State

Zip Code

Phone Number (Including Area Code)

Fax Number (Including Area Code)

Contact Name

Full Business Name

Address

City/State

Zip Code

Phone Number (Including Area Code)

Fax Number (Including Area Code)

Contact Name

**TERMS OF SALE**

All charges are due in full upon rendering of monthly statement or 30 days from date of purchase. On balances more than 30 days old, it is agreed that a Finance Charge of 1 1/2% per month (which is an annual rate of 18%) will be charged. Should this be more than the legal rate allowed in this state, the amount of the Finance Charge to be made shall be the maximum allowable in this state.

**ATTORNEY'S FEES**

Should the services of an attorney be required to enforce any part of this Credit Agreement, or for the collection of a delinquent account from the undersigned Customer or Guarantor, it is agreed that the Debtor will pay reasonable costs of collection including reasonable attorney's fees.

**CREDIT STATUTE**

The Federal Equal Credit Opportunity Act prohibits creditors from discriminating against credit applicants on the basis of sex or marital status. The Federal agency that administers compliance with the Federal Act concerning this store is the Federal Trade Commission, Washington, DC 20580.

**AUTHORIZATION**

All Occasions Party Rental is authorized to investigate the above credit references and any other sources of credit information on the undersigned customer.

**EQUIPMENT PROTECTION PLAN\***

\*The Equipment Protection Plan (EPP) is 10% of the rental amount. This is an optional charge to cover accidental damage subject to limitations as specified in Rental Contract (Item 9). Copy of specific terms available upon request.

**PLEASE READ ABOVE AND SIGN**

I/We authorize All Occasions Party Rental to seek credit information on my/our firm and myself from the above banks and firm.

I/We agree to the Credit Terms of Sale noted above.

SIGNED BY: \_\_\_\_\_ TITLE: \_\_\_\_\_ DATE: \_\_\_\_\_

I/We the undersigned hereby personally guarantee payment for the purchases made by the above applicant in the event the company should default on payment.

\_\_\_\_\_  
(Individually)

\_\_\_\_\_  
(Individually)

\_\_\_\_\_  
(Individually)