

IT'S ALL IN THE DETAILS.

Corporate Office & Maintenance Facility 1045 Lavern Circle Hendersonville, TN 37075

North Nashville Operations Facility & Warehouse 500 Brick Church Park Dr. Nashville, TN 37207 Green Hills Design Center 2120 Crestmoor Rd., Suite 1000 Nashville, TN 37215 The Loft at Houston Station 438 Houston Street, Suite 254 Nashville, TN 37203

Phone: 615.822.4392 Fax: 615.822.3011

APPLICATION FOR CREDIT ACCOUNT

Thank you for your interest in Liberty Party Rental.

The following is an application for a credit account. Please complete, sign, date and return. You will be informed once your application has been processed; this can take up to 14 days.

Our payment terms are Net 30 and invoices can be mailed, faxed or emailed at the close of the rental contract. If you have a preference, please advise. Liberty Party Rental reserves the right to withdraw "on account" payment terms for non-payment within our Net 30 day's terms.

Liberty Party Rental strives to exceed our customer's expectations in product quality and customer service.

If you need assistance in completing this form, please call 615.822.4392.

Thank you again, we look forward to doing business with you. Have a wonderful day.

Liberty Party Rental Attn: Accounting 1045 Lavern Circle Hendersonville, TN 37075

COMPANY INFORMATION

Company Nam	e:		Parent Comp	oany:	
Physical Address:			Billing Address:		
Phone: Fax:		Fax:	Manager:		:
Sole Proprietor	pprietor: Partnership:		Corpor	ration:	Other:
Corporate/Part	nership/Individual/EI	N#:			
Accounts Payab	le Contact:	1	Phone:]	Email:
Do you require	purchase orders?	Yes	No		
Do you pay sale	s tax? Yes	No (Plea	ase provide Sales	Tax Resale Exe	mpt Letter/Certificate)
<u>Principals</u>					
President:			_ Vice Presiden	ıt:	
Secretary:			Controller:		
Bank Reference	<u>es</u>				
Bank Name:			Bank Name:		
Officer:			Officer:		
Account #:			Account #:		
Address:			_ Address:		
City/State/Zip:			_ City/State/Zip	p:	
Phone:			_ Phone:		
Credit Referen	ces				
Company:			Company:	-	
Contact:			Contact:	-	
Address:			Address:		
City/State/Zip:			_ City/State/Zip	p:	
Phone:			Phone:		
	Authorized Individuals Approved to Charge				
	Name/Title		-	Name/Title	
	Name/Title		-	Name/Title	
application is made	or it's assignee, any credit bur	eau or other inves	stigative agency, to inve	estigate the reference	orizes the firm or person to whom this es, statements, or other data listed or I information requested as part of said
Signature:			_ Printed Name	e:	

Date:

Title: