



IT'S ALL IN THE DETAILS.

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  
444 Brick Church Park Drive  
Nashville, TN 37207

COMPANY INFORMATION

Company Name: \_\_\_\_\_ Parent Company: \_\_\_\_\_

Physical Address: \_\_\_\_\_ Billing Address: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_ Manager: \_\_\_\_\_

Sole Proprietor: \_\_\_\_\_ Partnership: \_\_\_\_\_ Corporation: \_\_\_\_\_ Other: \_\_\_\_\_

Corporate/Partnership/Individual/EIN#: \_\_\_\_\_

Accounts Payable Contact: \_\_\_\_\_ Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Do you require purchase orders? \_\_\_\_\_ Yes \_\_\_\_\_ No

Do you pay sales tax? \_\_\_\_\_ Yes \_\_\_\_\_ No (Please provide Sales Tax Resale Exempt Letter/Certificate)

Principals

President: \_\_\_\_\_ Vice President: \_\_\_\_\_

Secretary: \_\_\_\_\_ Controller: \_\_\_\_\_

Bank References

Bank Name: \_\_\_\_\_ Bank Name: \_\_\_\_\_

Officer: \_\_\_\_\_ Officer: \_\_\_\_\_

Account #: \_\_\_\_\_ Account #: \_\_\_\_\_

Address: \_\_\_\_\_ Address: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_ City/State/Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Phone: \_\_\_\_\_

Credit References

Company: \_\_\_\_\_ Company: \_\_\_\_\_

Contact: \_\_\_\_\_ Contact: \_\_\_\_\_

Address: \_\_\_\_\_ Address: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_ City/State/Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Phone: \_\_\_\_\_

Authorized Individuals Approved to Charge

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

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

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

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

The undersigned certifies that the above information, given for credit purposes, is true and correct; and authorizes the firm or person to whom this application is made or it's assignee, any credit bureau or other investigative agency, to investigate the references, statements, or other data listed or accompanying this application. The undersigned authorizes all parties contacted to release credit and financial information requested as part of said investigation.

Signature: \_\_\_\_\_ Printed Name: \_\_\_\_\_

Title: \_\_\_\_\_ Date: \_\_\_\_\_