



4472 Corporate Square Naples, FL 34104
(239) 643-1334 Fax (239) 643-7391



Credit Application Form

Please complete, sign, and return this form along with your Credit References and Financial Statement.

Billing Address:				Office Address:				
Company Name				Company Name				
Attention				Attention				
Street Address				Street Address				
City, State, Zip				City, State, Zip				
Telephone		Fax		Telephone		Fax		
Email				Email				
General Information								
Principal / Owner			Social Security No.		Email		Phone No. & Extension	
Company Composition <input type="checkbox"/> Individual <input type="checkbox"/> Partnership <input type="checkbox"/> LLC <input type="checkbox"/> Corporation <input type="checkbox"/> Sub-Chapter S Corporation					Years In Business		Desired Credit Amount	
Ordering Information								
Are Purchase Orders Required? <input type="checkbox"/> Yes <input type="checkbox"/> No		Are You Tax Exempt? <input type="checkbox"/> Yes <input type="checkbox"/> No			Tax Exempt No. (please provide Copy of Certificate)			
Accounts Payable Contact			Fax		Email		Phone No. & Extension	
Person Authorized to Charge		Person Authorized to Charge		Person Authorized to Charge		Person Authorized to Charge		
Bank Information								
Bank Name			Branch Name		Bank Contact Officer		Phone No. & Extension	
Bank Address			City		State	Zip	Type of Account & Account No.	
Trade References								
Company Name			Company Name			Company Name		
Contact			Contact			Contact		
Street Address			Street Address			Street Address		
City, State, Zip			City, State, Zip			City, State, Zip		
Phone No.		Fax No.	Phone No.		Fax No.	Phone No.	Fax No.	
Account Opened Since	Credit Limit	Balance	Account Opened Since:	Credit Limit	Balance	Account Opened Since:	Credit Limit	Balance
Terms and Conditions								
All accounts are COD until a credit application has been completed, reviewed, and approved. If any indebtedness incurred pursuant this request for credit is not paid in full when due, the undersigned agrees to the use of credit card provided below. If no payment is received even after credit card, then the undersigned agrees to all costs of collection, including a reasonable attorneys fee. Any balance so remaining unpaid shall bear interest at the lesser rate of 1.5% per every 28 days or the maximum rate permitted by applicable law, until paid in full.								
Credit Card Information								
Name on card			Card Number			Exp Date	CVV	
Billing Address				City, State		Zip code		
Acceptance and Approval								
Signing this agreement indicates your acceptance of the terms and conditions as stated. In addition, you authorize Taylor Rental / Party Plus to make any and all inquires necessary to process this Credit Application.								
Name of Authorized Representative					Title			
Agreed and Accepted, Signed					Phone No. & Extension		Date	