



Main/Party Store Location:
 701 Red Mile Rd.
 Lexington, KY 40504
 P: (859) 252-0408
 F: (859) 252-4768

Tool Store Location:
 875 South Broadway
 Lexington, KY 40504
 P: (859) 252-0408
 F: (859) 252-4768

CONFIDENTIAL REQUEST FOR CREDIT

Business name: _____

Address: _____

City: _____ State: _____ Zip code: _____

Phone: _____ Fax: _____ Email: _____

Corporation _____ Partnership _____ Sole proprietorship _____ LLC _____

Federal ID# _____ or SSN# _____

Owner(s) _____

Address: _____ Phone: _____

City: _____ State: _____ Zip code: _____

Bank: _____ Address: _____ Bank officer/dept.: _____ Phone: _____

COMMERCIAL REFERENCES:

(Please list a minimum of 3 complete name, address, phone & fax #'s of businesses that you currently have an open account with)

- 1) _____ 2) _____ 3) _____
- _____
- _____
- _____
- _____

Terms NET30. 1.5% per month late charge on past due invoices. If not paid within stated terms, customer agrees to pay collection fees if referred to collection and reasonable attorney fees in event of legal action.

We charge a 13% equipment protection plan (E.P.P). Circle one: Accept - Decline If declining, please fax or mail a certificate of insurance with this application. Do you require a P.O. # on contract?

Circle one: Yes - No

Are you tax exempt? If so, please enclose tax exempt certificate.

Do you want Invoices & Statements mailed, emailed or faxed? Circle choice/address/# below.

Email address: _____ Fax _____ Mail _____

Signature: _____ Date: _____

Printed Name _____ Title: _____