

**Party Reflections, Inc.****Credit Application**

3412 Monroe Road, Charlotte, NC 28205

Phone 704.332.8176 Fax 704.332.8179

Company name

DBA (if different)

Contact person

Email:

Address

Phone

Fax

Federal tax ID or Social Security number.

Type of business

No. of employees

Date business established

Amount of credit requested \$

Are you a:

 CORPORATION PARTNERSHIP

SOLE PROPRIETORSHIP

State of incorporation

Date of incorporation

Names, titles, and addresses of your key management members and owners

Are you sales tax exempt?

 Yes No

If yes, please fax E-595E form

Have you ever had credit with us before?

 Yes No

If yes, under what name?

Authorized purchasers

Purchase order required?

 Yes No

TRADE REFERENCES

Reference #1

Name

Address

Phone

Fax

Reference #2

Name

Address

Phone

Fax

Reference #3

Name

Address

Phone

Fax

BANK REFERENCE

Account #

Phone

Fax

Contact person

Name of bank

Address

The above information is provided for the purpose of extending credit to our company on your terms. To the best of our knowledge and belief, the information is accurate and may be relied upon in making your credit decision. We authorize our bank and suppliers to furnish you any information necessary to complete your evaluation of our credit history.

Authorized signature:

Printed name:

Title:

Date:

