

PARTY TABLES, INC.

CREDIT APPLICATION FOR A BUSINESS ACCOUNT

BUSINESS CONTACT INFORMATION

Title:			
Company name:			
Phone:	Fax:	E-mail:	
Registered company address:			
City:	State:	ZIP Code:	
Date business commenced:			
Sole proprietorship:	Partnership:	Corporation:	Other:

BUSINESS AND CREDIT INFORMATION

Primary business address:			
City:	State:	ZIP Code:	
How long at current address?			
Telephone:	Fax:	E-mail:	
Bank name:			
Bank address:		Phone:	
City:	State:	ZIP Code:	
Type of account	Account number		
Savings			
Checking			
Other			

BUSINESS/TRADE REFERENCES

Company name:			
Address:			
City:	State:	ZIP Code:	
Phone:	Fax:	E-mail:	
Type of account:			
Company name:			
Address:			
City:	State:	ZIP Code:	
Phone:	Fax:	E-mail:	
Type of account:			
Company name:			
Address:			
City:	State:	ZIP Code:	
Phone:	Fax:	E-mail:	
Type of account:			

AGREEMENT

1. All invoices are to be paid 30 days from the date of the invoice. Any invoice not paid within 30 days is subject to interest charges of 18% per year or 1 1/2% per month.
2. Claims arising from invoices must be made within seven working days. Any claims resulting in legal action will be in Durham County, North Carolina. Any claims resulting in legal fees, including collection expenses, will be responsibility of client.
3. By submitting this application, you authorize Party Tables, Inc. to make inquiries into the banking and business/trade references that you have supplied and also agree that the information provided is correct and accurate to the best of your knowledge.

SIGNATURES

Title:	Title:
Date:	Date: