



EVENT EQUIPMENT SALES®

Special Event Outfitters

800.EES.0093 | EventEquipment.com

Credit Application:

Company Name _____

Street Address _____

City _____ State _____ Zip _____

Telephone (_____) _____ Fax (_____) _____

Email address _____

Date Company Established ____/____/____ Federal Tax ID# ____ - ____

Billing Street Address _____

City _____ State _____ Zip _____

Telephone (_____) _____ Fax (_____) _____

Company Principals (Officers/Partners)

Name _____ Title _____

Name _____ Title _____

REQUIRED

I, (*print name*) _____, authorize release of bank account and credit information to Event Equipment Sales for the purposes to review in consideration for establishing an account.

Signature _____ Title _____ Date ____/____/20__

We certify that all the information provided on this form is correct. We fully understand Event Equipment Sales credit terms to be granted to our account upon credit approval and agree to the proper payment in consideration of extended credit. With establishment of credit to our company we understand a service charge of 1.5% per month (18% annually) on all past due invoices will be applied. We further agree to pay all expense of collection, including court costs and reasonable attorney's fees should it become necessary to refer the account to collection.

Completed By: Print Name _____

Signature _____ Title _____ Date ____/____/20__

Bank Reference:

Name of Banking Institution _____

Street Address _____

City _____ State _____ Zip _____

Bank Contact Name _____

Telephone (_____) _____ Fax (_____) _____

Email address _____

Account Number _____

*** Client agrees to pay all applicable charges for Bank References**

EES • 7515 Santa Fe Drive • Hodgkins, IL 60525

Tel 708.352.0662 • Fax 708.352.8267

www.eventequipment.com



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Company Name _____

Trade References – FAX NUMBER REQUIRED *(MUST HAVE MINIMUM OF THREE)

1. Name _____ Street Address _____

City _____ State _____ Zip _____

Telephone (_____) _____ Fax (_____) _____

Email address _____ Account Number _____

2. Name _____ Street Address _____

City _____ State _____ Zip _____

Telephone (_____) _____ Fax (_____) _____

Email address _____ Account Number _____

3. Name _____ Street Address _____

City _____ State _____ Zip _____

Telephone (_____) _____ Fax (_____) _____

Email address _____ Account Number _____

4. Name _____ Street Address _____

City _____ State _____ Zip _____

Telephone (_____) _____ Fax (_____) _____

Email address _____ Account Number _____

Additional Information

Purchase Order Required Yes No

Additional comments:

• Complete the entire form and return via email or fax (708) 352-8267