



BUSINESS RENTAL APPLICATION

The purpose of this form is for your firm to establish credit with EC (Entertainment Caterers, Inc.) Unless you pay a deposit of 100% of the equipment value, you must complete this rental application. Decision for credit approval is based upon your credit report. Information you provide will remain 100% confidential. **Please complete entire form below.**

1. APPLICANT

LEGAL NAME OF BUSINESS	TAX ID #	AGE OF BUSINESS		
DBA (DOING BUSINESS AS)	PHONE NUMBER	FAX NUMBER		
STREET ADDRESS	CITY	STATE	ZIP	HOW LONG
PREVIOUS ADDRESS (IF LESS THAN 3 YEARS)	CITY	STATE	ZIP	HOW LONG
MAILING ADDRESS (IF DIFFERENT THAN STREET ADDRESS)	CITY	STATE	ZIP	
TYPE OF BUSINESS (BE SPECIFIC)	BUSINESS FORM (PARTNERSHIP, CORPORATION, ETC.)			

2. TRADE REFERENCES

COMPANY NAME	PHONE NUMBER	ACCOUNT # / CONTACT
COMPANY NAME	PHONE NUMBER	CONTACT

3. REFERRAL (HOW DID YOU HEAR ABOUT US?)

REFERRAL SOURCE

4. IDENTIFICATION

ATTACH AN ENLARGED COPY OF YOUR DRIVERS LICENSE OR PASSPORT ON A SEPARATE SHEET

5. CREDIT CARD

TYPE OF CARD	ACCOUNT NUMBER	EXPIRATION DATE	
I WOULD LIKE THE FIRST PAYMENT BILLED TO MY CREDIT CARD			
I WOULD LIKE ALL FUTURE PAYMENTS TO BE AUTOMATICALLY BILLED TO MY CREDIT CARD			
NAME AS IT APPEARS ON THE CREDIT CARD		POSITION / TITLE	
BILLING ADDRESS OF CREDIT CARD	CITY	STATE	ZIP

6. AUTHORIZATION

I AUTHORIZE EC (ENTERTAINMENT CATERERS, INC.) TO CHARGE MY CREDIT CARD FOR ANY OUTSTANDING AMOUNT DUE ON MY ACCOUNT THAT HAS NOT BEEN PAID BY AN INVOICE DUE DATE. CHARGES INCLUDE BUT ARE NOT LIMITED TO ANY OUTSTANDING INVOICES AS WELL AS CHARGES FOR DAMAGE OR LOSS OF EQUIPMENT.
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APPLICANT NAME (PLEASE PRINT)	APPLICANT SIGNATURE	DATE
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