



2230A 31<sup>st</sup> Street South  
 St. Petersburg, FL 33712  
 727-321-3404 · 727-214-5884 (fax)  
[www.coasttocoasteventrentals.com](http://www.coasttocoasteventrentals.com)

**CREDIT APPLICATION**

Payment Remit Information (Required)		
Business Name:*		
DBA:		
Address 1:		
Address 2:		
City:	ST:	Zip:
Contact:	Title:	
Phone#:	Fax#:	Email:

*\*Note: Enter your business name as shown on required tax documents on the "Name" line. This name should match the name shown on the charter or other legal documents creating the entity. If doing business under another name please list that name on the DBA line. If a social security number is provided below\*\*, this field must be the individual's full name.*

Business Address		
Business Name:*		
DBA:		
Address 1:		
Address 2:		
City:	ST:	Zip:
Contact Information – Ordering*		
Contact:	Title:	
Phone#:	Fax#:	Email:
Proprietor Information (for Sole Proprietors & Partnerships)**		
Name:		
Home Address:		
City:	ST:	Zip:

*Please provide a separate list of individuals that are authorized to place orders on this account. If we do not receive a list only the contact person will be allowed to place orders.*

**Please complete the following information:**

The above company is a: (check one):

- |  |  |
|--|--|
| <input type="checkbox"/> Sole Proprietorship | <input type="checkbox"/> Government Agency   |
| <input type="checkbox"/> Partnership         | <input type="checkbox"/> LLC, filing as <input type="checkbox"/> Partnership <input type="checkbox"/> Corp |
| <input type="checkbox"/> Corporation         | <input type="checkbox"/> Nonprofit Organization (501)(c) org   |

**Please provide (cannot exceed 9 numbers):**

- Tax Identification Number (TIN) - \_\_\_\_\_  
or
- Social Security Number -\*\* \_\_\_\_\_



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**Requested credit limit:**

\_\_\_ \$0-\$1000      \_\_\_ \$1000-\$2500      \_\_\_ \$2500-\$5000      \_\_\_ Over \$5000

**Invoicing preference:**

\_\_\_ Invoice after each event / contract. (Payment due upon receipt)  
\_\_\_ Monthly statement. (Payment due upon receipt)  
\_\_\_ Other: Please specify \_\_\_\_\_  
\_\_\_\_\_

Invoices/Statements should be: \_\_\_ Mailed      \_\_\_ E-mailed      \_\_\_ Faxed  
E-mail address: \_\_\_\_\_  
Fax #: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Is a P.O.# required? \_\_\_ Yes    \_\_\_ No      Job name or description? \_\_\_ Yes    \_\_\_ No

Delivery / Pick-up Instructions: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Delivery Contact: \_\_\_\_\_ Phone: \_\_\_\_\_

**\*\*NOTE:** We need to have a copy of your current resale certificate /tax exempt form on file.

*The owner or duly authorized agent must sign application. Should it become necessary to place the account with a collection agency or attorney, the applicant agrees to pay all collection costs and attorney fees in addition to all other sums due. The applicant hereby agrees to remit payment for products or services received from Coast to Coast Event Rentals within the terms specified on the face of each invoice. Owner or agent warrants that the above agreement has been carefully read and that the applicant understands the same applies.*

Signature of Authorized Agent\*: \_\_\_\_\_

Print Name: \_\_\_\_\_

Date: \_\_\_\_\_