



4549 Saint Augustine Rd, Suite 1  
Jacksonville, FL 32207

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### CREDIT APPLICATION

Today's Date:		Date Business Began:	
Company Name:			
Billing Address:			
City:		State and Zip Code:	
Shipping Address:			
City:		State and Zip Code:	
Telephone #:		Email Address:	
FIN or S.S. #:		Type: [ ] Corp [ ] Individual [ ] Partnership	
Tax Exempt # (certificate required):		P.O. Required? [ ] Yes [ ] No	

### OFFICERS AND CONTACT PERSONS

Officer:		Officer:	
Title:		Title:	
Address:		Address:	
City, State, Zip:		City, State, Zip:	
Telephone #:		Telephone #:	
Social Security #:		Social Security #:	
A/P Contact:		A/P Telephone #:	

### TRADE REFERENCES

Please complete all four references. If you have a form listing references, feel free to attach that. For faster service, please provide an email address.

1. Company name:		2. Company name:	
Address:		Address:	
City, State, Zip:		City, State, Zip:	
Phone/Fax:		Phone/Fax:	
Email Address:		Email Address:	
3. Company name:		4. Company name:	
Address:		Address:	
City, State, Zip:		City, State, Zip:	
Phone/Fax:		Phone/Fax:	
Email Address:		Email Address:	

I agree to payment terms of Net 30 Days from the invoice date. I understand that my account is subject to a 1.5 % monthly service fee for all invoices over 30 days. Accounts that reach 60 days will automatically be placed on C.O.D. status.

Submitted by:			
Title:			
Signature:			
Telephone #:		Date:	