

CREDIT APPLICATION

AMERICAN TOOL-TIME LLC
3121 S LAFOUNTAIN ST
KOKOMO, IN 46902
765-453-6020 PH
765-453-6055 FAX

AMERICAN TOOL-TIME 2
3325 EAST MARKET ST
LOGANSPOORT, IN 46947
574-722-1411 PH
574-722-1413 FAX

AMERICAN PARTY-TIME INC
3121 S LAFOUNTAIN ST
KOKOMO, IN 46902
765-453-6020 PH
765-453-6055 FAX

BUSINESS INFO

YEAR BUSINESS STARTED: _____
COMPANY NAME: _____
BILLING ADDRESS: _____
CITY: _____
STATE: _____
ZIP: _____
PHONE: _____
FAX: _____
A/P CONTACT: _____
A/P EMAIL: _____

BANK INFO

BANK NAME: _____
BANK ADDRESS: _____
CITY: _____
STATE: _____
ZIP: _____
PHONE: _____
ACCOUNT #: _____
BANK CONTACT: _____

CORPORATION: _____ PARTNERSHIP: _____ SOLE PROP: _____

DAMAGE WAIVER ACCEPTED: YES / NO

TAX EXEMPT: YES / NO IF EXEMPT YOU MUST PROVIDE TAX EXEMPTION FORM
PROVIDE INSURANCE CERTIFICATE NAMING AMERICAN AS ADDITIONAL INSURED

OWNERS/OFFICERS

NAME: _____
HOME ADDRESS: _____
CITY: _____
STATE: _____
ZIP: _____
PHONE: _____
TITLE: _____
DRIVERS LICENSE: _____
DOB: _____
SS#: _____

NAME: _____
HOME ADDRESS: _____
CITY: _____
STATE: _____
ZIP: _____
PHONE: _____
TITLE: _____
DRIVER LICENSE: _____
DOB: _____
SS#: _____

CREDIT REFERENCES

ACCOUNT #: _____
COMPANY NAME: _____
ADDRESS: _____
CITY: _____
STATE: _____
ZIP: _____
PHONE: _____

ACCOUNT #: _____
COMPANY NAME: _____
ADDRESS: _____
CITY: _____
STATE: _____
ZIP: _____
PHONE: _____

I/WE HEREBY AUTHORIZE AMERICAN TO VERIFY ALL OR PART OF THE ABOVE LISTED
CONFIDENTIAL DISCLOSURES AND TO VERIFY THE CREDIT STATUS OF EXISTING LINES OF
CREDIT.

SIGNATURE: _____
TITLE: _____

PRINTED NAME: _____
DATE: _____