APPLICATION FOR CREDIT

FROM:							
	NAME OF FIRM OR INDIVIDUAL			YEARS AT THIS ADDRESS			
	ADDRESS			PHO	DNE		
	CITY	STATE	ZIP	FAX			
•	HEREBY applies for credit in accordance with t	the terms and co	anditions of:				
то:	BRI, Inc. 8020 Zions Indianapoli		e Road		Please fax or email the completed form to: Rae Wheeler at A Classic Party Rental		
	PARTY RENTAL		Fax: 317.253.0586			ssicpartyrental.com	
		Our normal cr	edit terms are net 30 days. We accept o We DO NOT accept				
	The following information must be provided. It v	will be held in the	e strictest confidence.				
	Requested Line of Credit: Secondary Amount				f first is not approved:		
OWNERSHIP:	Corporation Check here if incor	porated within th	ne past 12 months		Partnership	Individual	
	1NAME(S) OF PRINCIPAL(S) 2	COMPLETE ADD	RESS		ZIP	PHONE	
	3						
	4						
FINANCE	NAME OF BANK	COMPLETE ADD	RESS		ZIP	PHONE	
	BANK OFFICER OR DEPARTMENT					FAX	
REFERENCES:	1						
	BUSINESS NAME 2	COMPLETE ADD			PHONE	FAX	
	3						
	4						
		Ple	ease do not write in the space below	V			
VERIFICATION:	REFERENCES CHECKED BY		CREDIT APPROVED BY				
	REFERENCE RESULTS		CREDIT REFUSED BY				
	NEI ENEMOL NEOULIO						
			DATE				