



Application for Credit

Mail or **Email** completed application to:

Total Success Event Services
PO Box 851, Hermosa Beach, CA 90254

accounting@totalsuccessstaff.com

COMPANY NAME		
STREET ADDRESS		
CITY	STATE	ZIP
PHONE (include area code)	FAX	E-MAIL

NOTE IF YOU WISH FOR ALL OF YOUR INVOICES TO BE BILLED TO YOUR CREDIT CARD, LIST YOUR CREDIT CARD DETAILS BELOW.

   

CREDIT CARD NUMBER	<input type="text"/>	EXPIRATION DATE (MM/YYYY)	<input type="text"/> / <input type="text"/>
CARD HOLDER NAME			

OWNER/OWNERS OF BUSINESS	
TYPE OF BUSINESS (e.g., SOLE PROPRIETORSHIP, etc.)	
BANKING	ACCOUNT NO.
CONTACT	TELEPHONE NO. (include area code)

NOTE PLEASE LIST THREE BUSINESS REFERENCES THAT HAVE EXTENDED CREDIT TERMS TO YOUR COMPANY.
Please do not list personal references or C.O.D accounts.

BUSINESS REFERENCE #1	
CONTACT NAME	TELEPHONE NO. (include area code)
BUSINESS REFERENCE #2	
CONTACT NAME	TELEPHONE NO. (include area code)
BUSINESS REFERENCE #3	
CONTACT NAME	TELEPHONE NO. (include area code)

NOTE THIS INFORMATION WILL BE HELD IN THE STRICTEST OF CONFIDENCE. IF APPROVED FOR CREDIT, YOUR COMPANY WILL BE EXTENDED A CREDIT LIMIT AND OUR STANDARD NET 10 DAY TERMS WILL APPLY TO ALL TOTAL SUCCESS INVOICES.

AUTHORIZED APPLICANT SIGNATURE	DATE
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BY SIGNING ABOVE, YOU ARE HEREBY AUTHORIZING OUR CREDIT DEPARTMENT TO INVESTIGATE CREDIT STANDING WITH THE BANK AND COMPANIES YOU HAVE LISTED ABOVE.