



Attention: Finance  
701 West Lime Street  
Lakeland, Florida 33815

## Application for Credit

In order for the following information to be processed properly, it must be received no later than four (4) weeks prior to the date of your planned function/event (6 weeks if your main office is outside of the continental United States). **This form must be used exclusively.** Please type or print all the requested information (any omission of the requested information may delay the approval of your Application for Credit). If your Organization is located outside of the continental United States, please list the information requested below for your USA business partner or affiliate (if applicable).

Have you ever held a function at this facility before?  NO  YES Date \_\_\_\_\_ Contact Person \_\_\_\_\_

If your main office(s) is outside of the continental United States, is the following information for your affiliate in the USA?  NO  YES

Please check one of the following boxes:  Corporation  Partnership  Proprietorship  Governmental Entity  \_\_\_\_\_

Our organization has been in operation since (date) \_\_\_\_\_.

Name of Organization \_\_\_\_\_ Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_

Zip Code \_\_\_\_\_ Phone Number \_\_\_\_\_ Ext# \_\_\_\_\_ Fax Phone Number \_\_\_\_\_

### Name of Principal(s) and Address in the Continental United States

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

### Banking Relationships / Information

Name \_\_\_\_\_ Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_

Zip Code \_\_\_\_\_ Account Number \_\_\_\_\_ Bank Contact Name \_\_\_\_\_ Phone # \_\_\_\_\_ Fax # \_\_\_\_\_

Name \_\_\_\_\_ Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_

Zip Code \_\_\_\_\_ Account Number \_\_\_\_\_ Bank Contact Name \_\_\_\_\_ Phone # \_\_\_\_\_ Fax # \_\_\_\_\_

*Additional information to be completed on the back*

**List other meeting Facilities you have held functions at within the past year**

Name	Address, City, State and Zip Code	Date	Phone #	Contact Name
Name	Address, City, State and Zip Code	Date	Phone #	Contact Name
Name	Address, City, State and Zip Code	Date	Phone #	Contact Name

**Individuals Authorized to Sign for any and/or all charges**

Name and Signature	Name and Signature
Name and Signature	Name and Signature
Name and Signature	Name and Signature

I (We), the undersigned, an officer for the Organization applying for credit, hereby give permission to The Lakeland Center, and/or The City of Lakeland, to verify any/all facts disclosed herein and to obtain from other sources any information deemed necessary to the establishment of credit (including but not limited to credit reporting agencies). I (we) further understand that if credit is established, it is subject to the following terms and provisions:

- a) All charges incurred by the Organization must be paid in full within thirty (30) days from the date charges are posted to the established credit account. Charges not paid within the terms will incur monthly interest at a rate of 1.5% (18% annually). In the case of a question or error in billing, it will be the Organization’s responsibility to contact The Lakeland Center’s Accounting Office immediately to clear up any problem (the charges not in dispute must be paid according to the terms stated herein).
- b) In the event that litigation becomes necessary for collection of any and/or all charges, the prevailing party shall be entitle to recover actual attorneys’ fees incurred before suit is filed and for trial, arbitration and any appeal.
- c) The Organization and all guarantors hereby waive any and all rights to venue under Chapter 47, Florida Statutes, including any amendments thereto, and that any action brought to collection on the account may be brought in any court of competent jurisdiction in The State of Florida, Polk County.
- d) The Organization and all guarantors hereby state that all rights to a trial by jury are completely and irrevocably waived.
- e) The Lakeland Center and/or The City of Lakeland reserve the right to place the Organization’s account on “Credit Hold” at any time where the amount of credit purchases exceeds the level of acceptable risk for The Lakeland Center and/or The City of Lakeland.

Signed	Title	Date
--------	-------	------

Signed	Title	Date
--------	-------	------

**DO NOT WRITE IN THE SPACES BELOW - RESERVED FOR USE BY THE LAKELAND CENTER**

USI Account ID #	Event ID#	Name of Event
------------------	-----------	---------------

Date of Approval/Denial	Approved By
-------------------------	-------------