



CONFIDENTIAL CREDIT/RENTAL APPLICATION

Performing Arts Foundation of Kansas City

Folly Theater

300 W. 12th Street

Kansas City, MO 64105

816-842-5500

www.thefollytheater.org

A. APPLICANT INFORMATION

Name of Organization _____

Name of Event _____

_____ Public Performance OR _____ Private Performance

Contact Person _____

Address _____

City _____ State _____ Zip _____

Phone _____ Alt. Phone _____

Email _____ Fax _____

B. ORGANIZATION

_____ For Profit _____ Not-for-Profit

_____ Private Corporation _____ Public Corporation

_____ Other (Please specify)

Federal Tax Identification Number _____

How long has your organization been in business? _____ Years

C. BANK REFERENCE

Name of Bank _____

Address _____

Phone _____ Fax _____

Account Type _____

Number _____

D. BUSINESS REFERENCES

(Please list related promoter/presenter or event related relationships only.)

Name _____

Contact _____

Phone Number _____ Email _____

Address _____

Name _____

Contact _____

Phone Number _____ Email _____

Address _____

Name _____
Contact _____
Phone Number _____ Email _____
Address _____

TERMS

I/We _____, do hereby state that all the information contained herein is true. The aforementioned information is for the purpose of obtaining a credit and I/We hereby authorize the Performing Arts Foundation of Kansas City (d.b.a. The Folly Theater) to investigate the references listed pertaining to my/our credit and financial responsibility.

I/We, the undersigned, state that in making this request for credit, that I/We will assume all obligations for prompt payment and according to terms as shown on every invoice. I/We understand that all indebtedness is due upon receipt of invoice. I/We agree to pay any finance charges the same as original indebtedness.

I/We hereby understand and agree that should it become necessary to place this account for collection, I/We shall personally obligate myself/ourselves to pay all costs of collection, including agency fees, reasonable attorney fees and costs/expenses of any legal proceedings.

Signature of Applicant

Printed Name of Applicant

Applicant's Title

Organization

Date