

PARTY SPECIALTY SALES APPLICATION FOR CHANGE OF STATUS

23-C-840 REV. 11.07

HMK AMB EFH

COMPLETE SECTIONS A, B, & C for:

- Change in account name
- Correction in account address (same location)
- Change in Billing/Shipping/Statement Address
- Other _____

COMPLETE ENTIRE FORM FOR:

- Change in ownership. Effective date of change _____
- Relocation. Effective date of move _____
 - less than 3 miles more than 3 miles to a different center within the same center

A	ACCOUNT NOW ON OUR BOOKS AS:				
	CURRENT NAME & ADDRESS	NAME			ACCOUNT #
	STREET ADDRESS		CITY	STATE	ZIP CODE

B	REVISED STORE NAME AND/OR ADDRESS				
	NEW NAME & ADDRESS	STORE NAME (PLEASE PRINT)		STORE NO.	UPDATED ACCOUNT TERMINOLOGY
		FULL STREET ADDRESS			DEPT. #
		CITY NAME		STATE	ZIP CODE + 4
		PO BOX	SUITE #	CROSS STREET	STORE TELEPHONE #
	SHOPPING CENTER NAME (IF APPLICABLE)			COUNTY	

C	SHIP TO (IF OTHER THAN ABOVE)		BILL TO (IF OTHER THAN ABOVE)		MONTHLY STATEMENT (IF OTHER THAN ABOVE)	

D	OWNERSHIP:		NAME OF ALL PARTNERS OR CORPORATE OFFICERS (PLEASE PRINT)		
	<input type="checkbox"/> Sole Proprietorship <input type="checkbox"/> Partnership <input type="checkbox"/> LLC <input type="checkbox"/> Corporation		<input type="checkbox"/> Mr. or <input type="checkbox"/> Ms.		
	OWNER(S) OR IF INCORPORATED, CORPORATE NAME		TELEPHONE #		<input type="checkbox"/> Mr. or <input type="checkbox"/> Ms.
	CENTRAL MAILING ADDRESS		APPLICANT'S SOCIAL SECURITY #		FEDERAL TAX ID # (if established business)
			EMAIL ADDRESS		
	CITY	STATE	ZIP + 4	STORE FAX NO.	OWNER FAX NO.

E	HAVE YOU EVER HAD AN ACCOUNT WITH US:		IF YES, CHECK IF		IF YOU HAVE LIST ACCOUNT #.	
	<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Previous Acct. <input type="checkbox"/> Existing Acct.			

CREDIT INFORMATION

- This application shall be deemed a request for the extension of credit upon such terms and conditions as shall from time to time be adopted by vendor. The applicant represents and warrants that all statements made herein are complete and true and have been reviewed by him/her for correctness. In the case of ownership change it is specifically understood by applicant that all financial information relating to store including, but not limited to, financial statements, past sales figures and projected sales figures were supplied by the seller of the store and neither Hallmark Cards, Incorporated nor Hallmark Marketing Corporation makes any representation or warranty whatsoever with respect to said information.
- Change of ownership does not automatically qualify the new owner for Credit Approval. Credit Department retains the right to terminate this account under new ownership or the right to run credit check on new owner. Must fill out credit portion of application.
- Credit references must be attached for change of ownership.

The undersigned individual who is either a principal of the credit applicant or a sole proprietorship recognizing that his or her individual credit history may be a factor in the evaluation of the credit history of the applicant, hereby consents to and authorizes the use of a consumer credit report on the undersigned by Hallmark Marketing Corp. or its affiliates from time to time as may be needed, in the credit evaluation process.

FINANCIAL STATEMENT <input type="checkbox"/> Attached <input type="checkbox"/> Will be mailed <input type="checkbox"/> On file			SIGNATURE OWNER / CORP OFFICER		DATE
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CREDIT (IN-HOUSE)	CREDIT REVIEW		CREDIT DEPT. AUTHORIZATION		DATE	RATING

F	RESPONSIBILITY (NAMES ONLY)		SALES #	DISTRICT #	DATE	APPROVALS (SIGNATURES REQUIRED)	DATE
	MANUFACTURERS REPRESENTATIVE					CUSTOMER DATABASE	
	RETAIL CHAIN COORDINATOR						
	SALES MANAGER						