



CREDIT APPLICATION

BUSINESS CONTACT INFORMATION

Name/ Title		Years in Business	
Company name		<input type="checkbox"/> Sole proprietorship <input type="checkbox"/> Partnership <input type="checkbox"/> Corporation <input type="checkbox"/> Other	
Phone Fax			
E-mail			
Registered company address City, State ZIP Code			

BUSINESS

BANK INFORMATION

Federal ID # or SSN		Bank name	
Date of incorporation		Contact Name	
State of incorporation		Primary business address City, State ZIP Code	
Insurance Company		Phone Number	
Policy Number		Fax Number	
Payables Contact		Account number	
Credit Amount Requested		Type of account	<input type="checkbox"/> Savings <input type="checkbox"/> Checking <input type="checkbox"/> Other

TRADE REFERENCES

Company name		Phone	
Address		Fax	
City, State ZIP Code		E-mail	
Type of account		Other	
Company name		Phone	
Address		Fax	
City, State ZIP Code		E-mail	
Type of account		Other	
Company name		Phone	
Address		Fax	
City, State ZIP Code		E-mail	
Type of account		Other	

AGREEMENT

All invoices are to be paid on the 10th of the month following the rental/ purchase. After 30 days unpaid balances days are charged 1.5% finance charge. Claims arising from invoices must be made within seven working days. By submitting this application, you authorize Custom Rental Services to make inquiries into the banking and business/trade references that you have supplied.

SIGNATURES

Signature		Signature	
Name and Title		Name and Title	
Date		Date	