



450 Old Willow Ave.
Honesdale, PA 18431
www.rent-e-vent.com

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Credit Application

Foreward

Please take a moment to complete this form in its entirety.

Incomplete fields and/or sections will result in our inability to process this application and it will be immediately denied. Another application will be required to be re-submitted for approval. (Additional forms are available on our website: www.rentequip.com)

Thank you for your anticipated cooperation.
We look forward to furthering our business relationship.

Sincerely,

Rent E-Quip, Inc.



Credit Application

Date: ___/___/20___

Name: _____ EIN # _____

Address: _____

City: _____ State: _____ Zip Code: _____

Phone # (_____) _____ - _____ Fax # (_____) _____ - _____

Type of business: ___ Corporation ___ Partnership ___ Individual

Principal Owner(s): _____

Social Security No(s): _____

Nature of Business: _____

Authorized user(s):

- Owner(s) Only
- Employees holding company credit card
- Any Employee (based on the person's word)
- The person(s) named: _____
- _____
- _____
- Other: _____

Are Purchase Order Number(s) required? Yes No

Banking Information:

Bank Name: _____

Phone # (_____) _____ - _____ Account #: _____

Address: _____

Credit Card Information:

In the event that the balance on your account becomes **45 days past due**, this credit card will be charged to pay the account balance in full. A card with a valid expiration date must be kept on file at all times. *(You will be notified at least one month prior to card expiration with request for a new card information.)* Your signature on Page 2 of this application acknowledges your acceptance of these terms and provides authorization for additional charges to the credit card account.

Card Name: (Visa or Mastercard) _____

Credit Card Number: _____ - _____ - _____ - _____ Expiration Date: _____

Authorization Code: (last three digits on the back of the card, usually found near the signature bar) _____

Cardholder Name: _____

Billing Address (for the Card): _____
Street Address

City, State, Zip

In the event that a representative from my company wishes to make purchases and/or rentals beyond our credit limit, I wish for this credit card to be used for the remainder of the balance of the rental and/or purchase.

Credit References:

1) Company Name: _____ Account #: _____

Person-of-Contact: _____

Phone # (_____) _____ - _____ Fax # (_____) _____ - _____

Address: _____ City: _____ State: _____ Zip _____

2) Company Name: _____ Account #: _____

Person-of-Contact: _____

Phone # (_____) _____ - _____ Fax # (_____) _____ - _____

Address: _____ City: _____ State: _____ Zip _____

3) Company Name: _____ Account #: _____

Person-of-Contact: _____

Phone # (_____) _____ - _____ Fax # (_____) _____ - _____

Address: _____ City: _____ State: _____ Zip _____

Terms:

1. Net 30 Days. Finance charge of 1.5%, 18% per annum will be added after 30 days.
2. Any account balance 45 or more days past due will be charged to the credit card on file.
3. Prices are subject to change without notice.
4. All orders are subject to approval and acceptance by Rent-E-Quip, Inc.
5. Any account balance over 90 days will be turned over to collections.
6. There is a \$25 fee for any returned checks.

I/we hereby authorize Rent-E-Quip, Inc. to proceed with whatever credit investigation is necessary to process this application.

If this account is placed in the hands of a collection agency or attorney, the undersigned shall pay all court costs and legal fees incurred.

This is to certify that I am principal in the above named business and in consideration for the extension of credit, I do personally guarantee payment of any and all invoices/rental contracts which remain unpaid, and if the applicant for credit is a corporation, the undersigned, in addition to personally guaranteeing payment, represents that he/she/they are authorized to make this application on behalf of the aforementioned corporation.

Signature: _____ Title: _____

Print Name & Title: _____

Date: ____/____/20____

- ***If your organization is tax exempt, please attach a copy of your exemption certificate.***
- ***PLEASE NOTE: If your organization is tax exempt, the state of Pennsylvania requires that a new tax exemption certificate be filed with our firm each year.***