



43 North Liberty Drive, Stony Point, NY 10980

CREDIT APPLICATION FOR A BUSINESS ACCOUNT

BUSINESS CONTACT INFORMATION

Company name:

Phone:

Fax:

E-mail:

Registered company address:

City:

State:

ZIP Code:

Date business commenced:

Sole proprietorship:

Partnership:

Corporation:

Other:

BUSINESS AND CREDIT INFORMATION

Business Type:

Of Employee's

Estimated Annual Rental Volume: \$

How long at current address?

Telephone:

Fax:

E-mail:

Bank name:

Bank address:

Phone:

City:

State:

ZIP Code:

Type of account: Savings Checking Other

Account number:

BUSINESS/TRADE REFERENCES

Company name:

Address:

City:

State:

ZIP Code:

Phone:

Fax:

E-mail:

Type of account:

Company name:

Address:

City:

State:

ZIP Code:

Phone:

Fax:

E-mail:

Type of account:

Company name:

Address:

City:

State:

ZIP Code:

Phone:

Fax:

E-mail:

Type of account:

PRINCIPALS

Name in full:

PARTNER

Residential Address:

SOLE OWNER

Driver's License:

SIGNING OFFICER

Phone:

Name in full:

PARTNER

Residential Address:

SOLE OWNER

Driver's License:

SIGNING OFFICER

Phone:

CONTACTS

Finance/Administration:	Phone:	Email:
Accounts Payable:	Phone:	Email:
Purchasing:	Phone:	Email:
Project/ Job Manager	Phone:	Email:

RENTAL INSTRUCTIONS

Obtain Written PO Only: <input type="checkbox"/>	Show Job Site on Invoice: <input type="checkbox"/>
Phone for Authorization OR PO: <input type="checkbox"/>	
Rent Only To:	
Other Instructions:	

AGREEMENT

1. All invoices are to be paid 30 days from the date of the invoice.
2. Claims arising from invoices must be made within seven working days.
3. I hereby represent that I am authorized to submit the credit application on behalf of the customer named above.
4. By submitting this application, you authorize The Rental Zone, Inc. to make inquiries into the banking and business/trade references that you have supplied.

SIGNATURES

Title: Date:	Title: Date:
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