



2400 Herodian Way SE Ste 220
Smyrna, GA 30080

Fax : (855) 236-1926

Parts ←

RENTAL APPLICATION

→ Equipment

Firm Name: _____ Contact Person: _____

Mailing Address: _____

City: _____ State: _____ County _____ Zip: _____

Ship to Address (if different): _____

City: _____ State: _____ County _____ Zip: _____

Type of Business: _____ Year Business Opened: _____

Phone: _____ Fax: _____ Principal's Name: _____

Federal I.D.# or S.S.#: _____ Principal's Email: _____

Driver's License #: _____ State of Issue: _____

Is a P.O. required? No Yes Are you Tax Exempt? No Yes - *Please attach Certificate*

Accts. Payable Email: _____ What is your tax rate? %
Required for processing this application

BANK REFERENCE:

Bank Name: _____ Account No.: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Date Account Opened: _____

TRADE REFERENCES:

Firm Name: _____ Contact: _____

Phone: _____ Fax: _____

Firm Name: _____ Contact: _____

Phone: _____ Fax: _____

Firm Name: _____ Contact: _____

Phone: _____ Fax: _____

The undersigned hereby agrees that, should a credit account be opened, and in the event of default in payment of any amount due, and if such account is submitted to a collection authority, to pay an additional charge equal to the cost of collection, including court costs.

The undersigned individual, who is either a principal of the credit applicant, or a sole proprietor of the credit applicant, 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 the above named business credit grantor, from time to time as may be needed in the credit evaluation process.

Company: _____ Date: _____

Signature: _____ Title: _____