

# *APPLICATION FOR CREDIT*

Date of Application: \_\_\_\_\_

**Company Name:** \_\_\_\_\_

**Billing Address:** \_\_\_\_\_

**Shipping Address:** \_\_\_\_\_

**Telephone** \_\_\_\_\_ **Fax:** \_\_\_\_\_

**Type:** [ ] Corp [ ] Individual [ ] Partnership [ ] LLC [ ] Other: \_\_\_\_\_

**PO # Required?** [ ] YES [ ] NO **Tax ID Number:** \_\_\_ - \_\_\_\_\_

**Requested Line of Credit:** \$ \_\_\_\_\_ **Tax Exemption #** \_\_\_\_\_

**OFFICERS & CONTACT PERSON:**

<b>Officer:</b>		<b>Officer:</b>	
<b>Title:</b>		<b>Title:</b>	
<b>Address:</b>		<b>Address:</b>	
<b>City, State, Zip</b>		<b>City, State, Zip</b>	
<b>Telephone #</b>		<b>Telephone #</b>	
<b>Email</b>		<b>Email</b>	
<b>Social Sec. #</b>		<b>Social Sec. #</b>	
<b>A/P Contact</b>		<b>A/P Phone #</b>	
<b>A/P Email</b>		<b>A/P Fax</b>	

**Authorized Employees who may charge against account on your behalf:**

Name	Employee # (or DL #)	Phone Number

**TRADE REFERNCES:**

<b>Reference #1</b>		<b>Reference #2</b>		<b>Reference #1</b>	
<b>Address:</b>		<b>Address:</b>		<b>Address:</b>	
<b>City, State, Zip</b>		<b>City, State, Zip</b>		<b>City, State, Zip</b>	
<b>Telephone #</b>		<b>Telephone #</b>		<b>Telephone #</b>	
<b>Email</b>		<b>Email</b>		<b>Email</b>	
<b>A/R Contact</b>		<b>A/R Contact</b>		<b>A/R Contact</b>	
<b>A/R Email</b>		<b>A/R Email</b>		<b>A/R Email</b>	
<b>A/R Fax</b>		<b>A/R Fax</b>		<b>A/R Fax</b>	

**I agree to payment terms of Net 30 Days from the invoice date. I understand that my account is subject to a 4.99 % monthly service fee for all invoices over 30 days. Accounts that reach 60 days will automatically be placed on C.O.D. status.**

**Submitted By:** \_\_\_\_\_ **Title:** \_\_\_\_\_

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

- Please see attached addendum regarding our credit policy.
- Please see attached for an example of a correct COI if you intend to choose to be exempt from being charged a damage waiver. This must be supplied prior to any rentals and must be renewed when the COI on file is expired.
- Once submitted, processing time for application is 7-10 business days.

Rent Equip  
9 Town Road  
Ocean View, DE 19970  
302-537-9797

## Our Credit Policy

Our terms are **Net 30** from the date of the invoice, unless otherwise agreed upon in writing.

Statements will be mailed on the **1<sup>st</sup>** of each month. Statements show recent rental charges, payments, outstanding invoices and service charges.

Accounts past due over **30 days** will be subject to a **4.99% service charge per month**. The service charge will appear on your monthly statement if not paid prior to the end of the month.

Accounts past due **60 days** will automatically be closed. An unpaid late charge of 60 days past due also constitutes a delinquent invoice resulting in the automatic closing of the account.

On monthly rentals, the initial billing is for one month's rent in advance. Thereafter, you will receive an invoice for the following month's rental.

You are responsible for the return of our equipment in good condition. Failure to return our equipment, or returning it excessively dirty and/or damaged, will result in additional charges. You will receive an invoice for retribution; payment of this invoice is subject to the terms outlined in this credit policy.

Should you have a question on an invoiced amount, please call our **accounting office at 302-537-9797**. We will work with you to resolve the issue as soon as possible. Disputed invoice amounts that has been brought to our attention may be deducted from your balance. The balance, however, must be paid on time or they will be subject to the terms outlined in this credit policy.

We look forward to serving your equipment rental needs.