

# Rent-E-Quip

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## Application for Credit

Company Name: \_\_\_\_\_  
Type of Business: \_\_\_\_\_ Sole Prop; \_\_\_\_\_ Partnership; \_\_\_\_\_ Corporation;  
Phone #: \_\_\_\_\_ Fax #: \_\_\_\_\_  
Home Office Address: \_\_\_\_\_  
City/County: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Billing Address: \_\_\_\_\_  
City/County: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

### List 3 Business Credit References:

1) Name: \_\_\_\_\_ Address: \_\_\_\_\_ Ph: \_\_\_\_\_ Fax: \_\_\_\_\_  
2) Name: \_\_\_\_\_ Address: \_\_\_\_\_ Ph: \_\_\_\_\_ Fax: \_\_\_\_\_  
3) Name: \_\_\_\_\_ Address: \_\_\_\_\_ Ph: \_\_\_\_\_ Fax: \_\_\_\_\_

### Bank and Bonding Company Reference:

Bank Name: \_\_\_\_\_ Branch: \_\_\_\_\_  
Type of Account: \_\_\_\_\_ Local Officer: \_\_\_\_\_  
Sales Tax Number: \_\_\_\_\_ Tax Exempt? Yes \_\_\_ No \_\_\_

(Exempt – Attach Form ST-10)

How much credit do you expect to utilize? Monthly: \_\_\_\_\_ Yearly: \_\_\_\_\_

Purchase Order Required? Yes \_\_\_ No \_\_\_

### Business Owner/ Corporation's principal officer:

Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
Title: \_\_\_\_\_

### Personal Reference of the Principal Corporate Officer:

1. Social Security Number: \_\_\_\_\_  
2. Bank Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
Contact Name: \_\_\_\_\_

### TERMS:

**A SERVICE CHARGE OF 1.5% PER MONTH OR 18% ANNUALLY IS CHARGED ON UNPAID ACCOUNTS WHICH REACH 30 DAYS PAST DUE WILL BE PLACED ON COD UNLESS A SPECIAL AGREEMENT HAS BEEN MADE.**

The above information is correct and I agree to pay within the terms / or purchases of my agent or myself.  
I also agree to be personally responsible for any charges billed to this account including services charges, attorney fees, or any other fees incurred in collections.

Signature: \_\_\_\_\_

THIS APPLICATION MUST BE SIGNED AND GUARANTEED BY AN OFFICER OF THE COMPANY.

**PLEASE COMPLETE APPLICATION INCLUDING FAX NUMBERS, ATTACH ADDITIONAL SHEET IF NECESSARY.**