

Confidential Credit Request

Date: _____

Check One:

Corporation _____ Partnership _____ Sole Proprietorship _____ LLC _____

Firm Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Telephone #: _____ Fax: _____

Owner: Name: _____

Residence Address: _____

Own since: _____ Value: _____ Rent: _____

Bank: Name: _____ Branch: _____

Commercial Acct #: _____

Telephone #: _____

COMMERCIAL REFERENCES: (Please only give firms with whom you have an open account)

- | | | |
|----|-----------------------|----------------------|
| 1. | <u>NAME:</u> _____ | <u>FAX #</u> _____ |
| | <u>ADDRESS:</u> _____ | <u>PHONE #</u> _____ |
| 2. | <u>NAME:</u> _____ | <u>FAX #</u> _____ |
| | <u>ADDRESS:</u> _____ | <u>PHONE #</u> _____ |
| 3. | <u>NAME:</u> _____ | <u>FAX #</u> _____ |
| | <u>ADDRESS:</u> _____ | <u>PHONE #</u> _____ |

TAX ID# or SSN# _____

Need both if in business less than a year.

All bills Payable in 30 days, 1.5% per month late charge on past due accounts. If not paid in accordance with stated terms, customer agrees to pay collection fees if referred for collection, and reasonable attorney's fees in event of legal action. Please allow 7-10 business days to process.

Signature: _____ Credit Desired: _____

Title: _____ Date: _____

PLEASE ATTACH A LIST OF AUTHORIZED PERSONNEL THAT IS ALLOWED TO CHARGE ON THIS ACCOUNT.

Do you want damage waiver on rentals if available? Yes or No

If no, Insurance Co name: _____ Policy # _____ Certificate of Insurance

Do you want Job Name on contract? Yes or No,

Do you want PO? Yes or No,

Do you want employee picking-up on contract? Yes or No