



Rent-E-Quip, Inc.

416 Old Willow Ave.
Honesdale, PA 18431
www.rentequip.com

Phone: 570-253-7368
Fax: 570-253-6434
Email: accounting@rentequip.com

Credit Application

Foreward

Please take a moment to complete this form in its entirety.

Incomplete fields and/or sections will result in our inability to process this application and it will be immediately denied. Another application will be required to be re-submitted for approval. (Additional forms are available on our website: www.rentequip.com)

Thank you for your anticipated cooperation.
We look forward to furthering our business relationship.

Sincerely,

Rent E-Quip, Inc.

Expedited Services:

We always make every effort to process your application immediately, however, should you require an immediate or soon-impending rental or purchase, and need this application to be expedited, please make us aware of your urgency, as well as perform the following action:

A portion of this application relies on feedback from your listed credit references. In order to expedite your application, we recommend notifying the Accounts Receivable department of your references to expect communications from our Accounts Receivable department. Request they complete and return our Reference Request at their earliest ability.



Rent-E-Quip, Inc.

416 Old Willow Ave.
Honesdale, PA 18431
www.rentequip.com

Phone: 570-253-7368
Fax: 570-253-6434
Email: accounting@rentequip.com

Credit Application

Date: ____/____/20____

Name: _____ EIN # _____

Address: _____

Street

City

State

Zip

Phone #(____) ____-____ Fax #(____) ____-____ E-mail: _____

Company Website URL: _____

Type of business: ____ Corporation ____ LLC ____ Partnership ____ Individual/Self-Proprietor

Principal Owner(s): _____

Social Security No(s): _____

Nature of Business: _____

Authorized user(s):

Owner(s) Only Employees holding company credit card Any Employee (based on the person's word)

The person(s) named: _____

Other: _____

Are Purchase Order Number(s) required? Yes No

Accounts Receivable Contact Name(s): _____

Phone #(____) ____-____, ext. ____ Alternate Phone #(____) ____-____

Accounts Receivable Address: _____

Street

City

State

Zip

In the near future, we anticipate the capability to send your statement electronically. Will you prefer to receive your statement in paper via postal mail, or electronically? Paper via Postal Mail E-mail

Accounts Receivable E-Mail address: _____

Please provide your e-mail address regardless of how you prefer to receive your statement

Banking Information:

Bank Name/Branch: _____ Person-of-contact: _____

Phone # (____) ____-____ Account #: _____

Address: _____

Credit Card Information:

In the event that the balance on your account becomes **45 days past due**, this credit card will be charged to pay the account balance in full. A card with a valid expiration date must be kept on file at all times. *(You will be notified at least one month prior to card expiration with request for a new card information.)* Your signature on Page 2 of this application acknowledges your acceptance of these terms and provides authorization for additional charges to the credit card account.

Card Name: (Visa or Mastercard) _____

Credit Card Number: _____ - _____ - _____ - _____ Expiration Date: _____

Authorization Code: (last three digits on the back of the card, usually found near the signature bar) _____

Cardholder Name: _____

Billing Address (for the Card): _____
Street Address

City, State, Zip

In the event that a representative from my company wishes to make purchases and/or rentals beyond our credit limit, I wish for this credit card to be used for the remainder of the balance of the rental and/or purchase.

Credit References:

1) Company Name: _____ Account #: _____

Person-of-Contact: _____

Phone # (_____) _____ - _____ Fax # (_____) _____ - _____

Address: _____ City: _____ State: _____ Zip _____

2) Company Name: _____ Account #: _____

Person-of-Contact: _____

Phone # (_____) _____ - _____ Fax # (_____) _____ - _____

Address: _____ City: _____ State: _____ Zip _____

3) Company Name: _____ Account #: _____

Person-of-Contact: _____

Phone # (_____) _____ - _____ Fax # (_____) _____ - _____

Address: _____ City: _____ State: _____ Zip _____

Terms:

1. Net 30 Days. Finance charge of 1.5%, 18% per annum will be added after 30 days.
2. Any account balance 45 or more days past due will be charged to the credit card on file.
3. Prices are subject to change without notice.
4. All orders are subject to approval and acceptance by Rent-E-Quip, Inc.
5. Any account balance over 90 days will be turned over to collections.
6. There is a \$25 fee for any returned checks.

I/we hereby authorize Rent-E-Quip, Inc. to proceed with whatever credit investigation is necessary to process this application.

If this account is placed in the hands of a collection agency or attorney, the undersigned shall pay all court costs and legal fees incurred.

This is to certify that I am principal in the above named business and in consideration for the extension of credit, I do personally guarantee payment of any and all invoices/rental contracts which remain unpaid, and if the applicant for credit is a corporation, the undersigned, in addition to personally guaranteeing payment, represents that he/she/they are authorized to make this application on behalf of the aforementioned corporation.

Signature: _____ Title: _____

Print Name & Title: _____

Date: ____/____/20____

- ***If your organization is tax exempt, please attach a copy of your exemption certificate. In the event you do not have one, please visit our website at www.rentequip.com, click on "Online Forms" in the top, right-hand corner of the homepage, and then select "PA Sales Tax Exemption Certificate"***
- ***PLEASE NOTE: If your organization is tax exempt, the state of Pennsylvania requires a new tax exemption certificate be filed with our firm every three years.***