

ACTION EQUIPMENT RENTAL

31411 F.M. 2920

WALLER, TEXAS 77484

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CREDIT APPLICATION

COMPANY

NAME: _____ Federal ID#: _____
BILLING ADDRESS: _____ CITY: _____ STATE: _____ ZIP: _____
PHYSICAL ADDRESS: _____ CITY: _____ STATE: _____ ZIP: _____
TELEPHONE: () _____ FAX: () _____
EMAIL: _____ Would you like AR statements emailed? Yes No
YEARS IN BUSINESS: _____ SOLE PROPRIETOR PARTNER CORP.
If you are not a corporation, please provide Federal ID and fill out attached form.
ACCOUNTS PAYABLE CONTACT: _____ PHONE: () _____
Authorized Purchasers for this account _____

Do you require: Purchase Order Numbers? Yes No | Job ID on Invoices? Yes No
Are you tax exempt? Yes No (If Yes, please attach tax exemption form) Tax # _____

NAME OF PRINCIPALS OR OFFICERS

1. NAME: _____ TITLE: _____
HOME ADDRESS: _____ CITY: _____ STATE: _____ ZIP: _____
HOME TELEPHONE #: () _____ CELL () _____
DRIVERS LICENSE #: _____ SS# _____ DOB _____
2. NAME: _____ TITLE: _____
HOME ADDRESS: _____ CITY: _____ STATE: _____ ZIP: _____
HOME TELEPHONE #: () _____ CELL () _____
DRIVERS LICENSE #: _____ SS# _____ DOB _____

COMMERCIAL LIABILITY INSURANCE CO

ACCOUNT NUMBER: _____ CONTACT NAME: _____
PHONE #: () _____

PROOF OF INSURANCE REQUIRED.

TRADE REFERENCES

(ON THE FOLLOWING, PLEASE LIST A PRIOR RENTAL COMPANY.)

1. COMPANY NAME: _____ CONTACT: _____
ADDRESS: _____ CITY: _____ STATE: _____ ZIP: _____
TELEPHONE #: () _____ FAX: () _____
2. COMPANY NAME: _____ CONTACT: _____
ADDRESS: _____ CITY: _____ STATE: _____ ZIP: _____
TELEPHONE #: () _____ FAX: () _____
3. COMPANY NAME: _____ CONTACT: _____
ADDRESS: _____ CITY: _____ STATE: _____ ZIP: _____
TELEPHONE #: () _____ FAX: () _____

BANK

NAME: _____ ACCOUNT #: _____
TELEPHONE #: () _____ CONTACT: _____

APPLICANTS SIGNATURE ATTESTS FINANCIAL RESPONSIBLTY AND WILLINGNESS TO PAY OUR INVOICES IN ACCORDANCE WITH OUR TERMS STATED ON INVOICES, INCLUDING A 1.5% SERVICE CHARGE TO BE ASSESSED ON PAST DUE AMOUNTS MONTHLY. THE UNDERSIGNED AUTHORIZES THE ABOVE BANK AND TRADE REFERENCES TO RELEASE INFORMATION AS REQUESTED. IT IS UNDERSTOOD THAT ALL INFORMATION WILL BE KEPT CONFIDENTIAL AND WILL BE USED ONLY FOR THE PURPOSE OF AFFORDING CREDIT AS DEEMED ACCEPTABLE BY ACTION EQUIPMENT RENTAL.

TITLE: _____ PHONE: () _____
PRINT NAME: _____
DATE: _____ SIGNATURE: _____