

MAIN OFFICE:  
2001 Decorah Rd.  
West Bend, WI 53095  
Phone: 262-338-6256  
Fax: 262-334-2378

**EQUIPMENT**  
**RENTALS**  
**INC.**

BRANCH:  
630 Grand Ave.  
Hartford, WI 53027  
Phone: 262-673-3454  
Fax: 262-673-4305

**CONFIDENTIAL REQUEST FOR CREDIT**

**Business name:** \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip code: \_\_\_\_\_  
Phone: \_\_\_\_\_ Fax: \_\_\_\_\_ Email: \_\_\_\_\_  
Corporation \_\_\_\_\_ Partnership \_\_\_\_\_ Sole proprietorship \_\_\_\_\_ LLC \_\_\_\_\_  
Federal ID# \_\_\_\_\_ or SSN# \_\_\_\_\_

**Owner(s)** \_\_\_\_\_  
Address: \_\_\_\_\_ Phone: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip code: \_\_\_\_\_

**Bank:** \_\_\_\_\_ Address: \_\_\_\_\_  
Bank officer/dept.: \_\_\_\_\_ Phone: \_\_\_\_\_

**COMMERCIAL REFERENCES:**

(Please list a minimum of 3 complete name, address, phone & fax #'s of businesses that you currently have an open account with)

<b>Name</b>	<b>Address</b>	<b>Phone</b>	<b>Fax</b>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

All invoices are payable in 30 days. 1.5% per month late charge on past due invoices. If not paid within stated terms, customer agrees to pay collection fees if referred to collection, and reasonable attorney fees in event of legal action.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
Title: \_\_\_\_\_

We charge a 9% damage waiver on all rentals. Circle one: Accept Decline  
If declining, please fax or mail a certificate of insurance with this application.  
Do you require a P.O. # on contract? Yes or No  
Do you require a Job Name on contract? Yes or No  
Are you tax exempt? If so, please enclose tax exempt certificate.  
Do you want employee picking up on contract? Yes or No