

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)

1) _____ 2) _____ 3) _____

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.

We charge a 10% 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? Circle one: Yes or No

Do you require a Job Name on contract? Circle one: Yes or No

Are you tax exempt? If so, please enclose tax exempt certificate.

Do you want employee picking up listed on contract? Circle one: Yes or No

Do you want Invoices & Statements mailed, emailed or faxed? Circle choice/address/# below.

Email address: _____ Fax _____ Mail _____

Signature: _____ Date: _____

Title: _____