

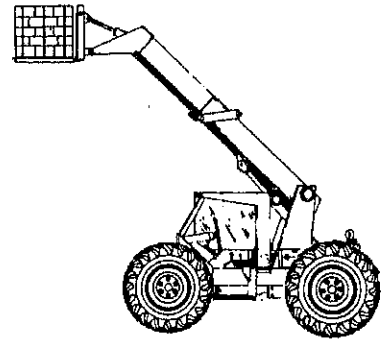
Commercial Rental

9965 U. S. Highway 136

Macomb, IL 61455

Phone: (309) 837-1257

Fax: (309) 836-6004



CREDIT APPLICATION

Name: _____ Telephone: (____) _____
 Address: _____ Fax: (____) _____
 _____ Year Established: _____

Please check one: Individual _____ Partnership _____ Corporation _____

Names of Owners/Officers: _____

If your firm is a subsidiary, division or otherwise affiliated with another company, please note the particulars below.

Parent Company _____
 & Address: _____
 _____ DUNS # _____

BANK REFERENCE:

Name: _____ Contact: _____
 Address: _____ Acct. No.: _____
 _____ Telephone: (____) _____

TRADE REFERENCES:

Name: _____	Name: _____
Address: _____	Address: _____
Telephone: (____) _____	Telephone: (____) _____
Fax: (____) _____	Fax: (____) _____

Name: _____	Name: _____
Address: _____	Address: _____
Telephone: (____) _____	Telephone: (____) _____
Fax: (____) _____	Fax: (____) _____

We Request That You Submit A List Of Persons Authorized To Charge On Your Account With This Application.

It is understood and agreed that Commercial Rental's standard payment terms for open accounts are NET 30 Days. Submission of this application authorizes Commercial Rental to obtain credit information/payment history from sources listed above. **TERMS:** Invoices are mailed at time of purchase; statements sent at month end. Invoices for parts & labor are due the 10th of the month after the date of the purchase or repair. Invoices for purchase & rental of machines are NET 30 days. Service charge of 1 ½ % per month (18 % per annum) will be charged on items 30 days or more past due. If payment is not made by the 30th of the month in which the statement is received, future credit will be discontinued. The account will be classified as delinquent, and forwarded to our collection agency for attention. It will be your responsibility to pay all collection costs.

APPLICANT'S SIGNATURE ATTESTS FINANCIAL RESPONSIBILITY TO PAY OUR INVOICES IN ACCORDANCE WITH THE FOLLOWING TERMS AND THAT THE ABOVE INFORMATION IS WARRANTED TO BE TRUE.

Firm Name _____
By _____
Title _____
Date _____