

COMMERCIAL RENTAL

Why buy? ... Give renting a try!

9965 US HWY 136 West
 Macomb, Illinois 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 or 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: (____) _____

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 is 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 1½ % 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 a delinquent, and forwarded to our collection agency for attention, and 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: _____