



Which store do you plan to use?

- Salina, KS fax: 785 825 8054
- Grand Island, NE fax: 308 384 9535
- Kearney, NE fax: 308 234 2464

CREDIT APPLICATION

Applicant's full name _____ Social Security No. _____

Name of business _____ Phone No. _____

Mailing Address _____ FAX No. _____

City, State, Zip _____

Location Address (Office, Shop, Yard, Job) _____

Principal line of work _____

No. of years in business _____ No. of Employees _____ Last year's Volume \$ _____

Type of business: Corporation _____ Partnership _____ Individual _____ Joint Venture _____

Applicant is a: Branch _____ Division _____ Subsidiary _____ Other _____

Explain and give name, address & phone of Parent Corporation or Headquarters _____

Is a purchase order or job name necessary on invoices: No _____ Yes _____ Credit limit requested \$ _____

Are you tax exempt? No _____ Yes _____ If YES, provide a Tax Exempt Certificate

Do you carry damage/loss insurance? No _____ Yes _____ If YES, provide an Insurance Certificate naming Construction Rental, Inc. as loss payee for any equipment rented from us; you will not be charged a Damage Waiver Fee.

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Date of Incorporation _____ State of Incorporation _____

Owners _____ Title _____

Owners _____ Title _____

Business Reference: (Name, Address & Phone No.)

Your bank _____

Contact Officer _____

CONTINUED ON PAGE 2

Supplier References: (Name, Complete Address, Phone No. (Including area code) & FAX No.

- 1. _____
- 2. _____
- 3. _____

Persons authorized to purchase or rent equipment and supplies:

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TERMS: Our terms are cash at time of purchase or on return of rental items (we accept credit cards) or . . .

Credit for customers with a good established financial record or . . .

Satisfactory arrangements made in advance of rental.

Our terms of credit are for your convenience. Monthly statements are due upon receipt. We reserve the right to refuse additional purchases or rentals to any unpaid account. FINANCE CHARGE: Invoices are due on the 10th of the month following the date of the invoice. Payments received after the 10th are subject to a charge not to exceed 1.5% per month (18% APR). We reserve the right to take any and all means necessary to collect unpaid bills.

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I prefer to have my daily rental contracts and monthly statements sent to me by:

E-mail Address: _____

or

Fax Fax No: _____

By signing below, I agree that Construction Rental, Inc. may contact any of the forenamed references for verification.

Authorized signature _____ Title _____

Date _____