



Application for Credit

Date: _____ Type of Business: Sole Proprietor Partnership Corporation Year Business Started: _____

Business Name: _____

Street Address: _____

City: _____ State: _____ Zip: _____

Mailing Address: (If different from above) _____

City: _____ State: _____ Zip: _____

Owners/Officers:

Has company changed names in the last 3 years? Yes No if yes, list previous trade name: _____

Office Phone: _____ Mobile Phone: _____ Fax Number: _____

Person to Contact: _____ Title: _____ Are purchase order numbers required on invoicing? Yes No

Open Account References:

Name	Address	Phone Number	Account Number

Bank Reference: Checking Savings Loan

Bank Name	Address	Person to Contact	Account Number

Has company and/or officers or owners filed for protection under bankruptcy under this name or any other? Yes No If yes, when: _____

Lessee shall keep the equipment insured against all risk and loss by fire and other risks as are covered by endorsement commonly known as supplemental or extended coverage for not less than the market value of the equipment. Lessee shall also carry liability insurance for bodily injury and property damage in the combined amounts of not less than \$1,000,000.00 for each occurrence.

We require a certificate of insurance naming us loss payable and additional insured with respect to the liability portion.

Signature: _____

Title: _____