



3 Locations To Serve You!
Shoreline - Greenlake - Lake City

APPLICATION FOR CREDIT

Business Name _____ Phone # _____

Email Address _____ Fax # _____

Street Address _____

City _____ State _____ Zip Code _____

Billing Address _____

City _____ State _____ Zip Code _____

OWNERS : LIST ALL OWNERS OR PARTNERS, USE ADDITIONAL SHEET IF NECESSARY.

1. Name _____

Phone # _____ Social Security # _____

Address _____ City _____ State _____ Zip Code _____

2. Name _____

Phone # _____ Social Security # _____

Address _____ City _____ State _____ Zip Code _____

REFERENCES: GIVE ONLY THOSE THAT YOU BUY FROM ON AN OPEN ACCOUNT.

1. Name _____ Phone # _____ Fax # _____

2. Name _____ Phone # _____ Fax # _____

3. Name _____ Phone # _____ Fax # _____

BUSINESS INFORMATION

Sales Tax # _____ Exp. Date _____

Federal ID # _____

Contractors License # _____ Exp. Date _____

Bond Company _____ Bond # _____

BANK INFORMATION

Business Bank & Branch _____ Phone # _____

Account # _____ Bank Rep. Contact _____

ACCOUNTS PAYABLE

Accounts Payable Contact _____ Phone # _____

Does your Company require purchase orders on invoices: YES NO

Does your Company require job name or number on invoices: YES NO

Would you company like to have completed invoices faxed: YES NO

Would you company prefer to have statements: Faxed Emailed

AUTHORIZATION

Please list on an additional sheet the names of those authorized to sign on your account. (If no names are listed, you will be responsible for anyone using the account).

TERMS

Net cash upon receipt. Accounts are due on the 10th of the month. Accounts are to be settled in full each month unless otherwise agreed. Should I/We default, I/We agree to pay a delinquency charge if 1.5% per month or 18% per annum on the account in default. Should it become necessary to institute collections proceedings I/We agree to pay costs and reasonable attorney's fees.

The above information is given in the purpose of obtaining credit and shall be regarded as true and correct.

Signature _____

Title _____

Date _____

PERSONAL GUARANTEE

I personally guarantee payment of any and all indebtedness of the above account and agree to be bound by the terms and conditions.

Signature _____ Date _____

EQUIPMENT PROTECTON PLAN

We are frequently asked about damage to leased equipment and who is liable. Since the question comes up so often, Aurora Rents is offering an **Equipment Protection Plan** policy. This policy will protect the customer from additional expense due to damage of the rental article. This policy does not apply to loss, neglect, or misuse. Since this service is an option at 10% of the gross rental rate, acceptance must be indicated on each invoice. For the benefit of out Charge Customers, a blanket decline may be indicated by your initials below.

Blanket No _____