



1250 S. Church Street
Rocky Mount, NC 27803
252.446.6678
Fax: 252.446.2511

6685 Ward Boulevard
Wilson, NC 27893
252.291.2027
Fax: 252.291.9523

Application for Credit

All businesses that apply for credit must have a one (1) year credit history.

Please Print Or Type This Application Date: _____

Full Company Name: _____ Phone: _____

Mailing Address: _____ City _____ State _____ Zip _____

Street Address: _____ City _____ State _____ Zip _____

Type Of Business: _____ Date Started: _____

Is Your Company Incorporated? YES NO Federal ID No.: _____

BUSINESS OPERATES AS: Individual Partnership Corporation BUSINESS OPERATES FROM: Residence Shop Office

Business Property Is:

Name: _____ Address: _____

PRINCIPAL OWNERS OR OFFICERS ARE:

1. _____ Home Address _____ Phone _____

2. _____ Home Address _____ Phone _____

3. _____ Home Address _____ Phone _____

Do You Require Purchase Orders On Invoices? YES NO

Do You Require Job Numbers On Invoices? YES NO Accounts Payable Manager: _____

Do You Require Job Names/locations On Invoices? YES NO Phone: _____

LIST ANY SIX EMPLOYEES AUTHORIZED TO PICK UP EQUIPMENT IF THIS IS A REQUIREMENT:

1. _____ 2. _____

3. _____ 4. _____

5. _____ 6. _____

Is your company tax exempt? YES NO

If yes, please attach a signed tax exemption form. Form must accompany application so that we may set up your account accurately.

PLEASE LIST TRADE REFERENCES BELOW. DO NOT USE ANY CHARGE CARDS AND PLEASE LIST ANY RENTAL COMPANIES FIRST.

1. _____

Phone: _____

3. _____

Phone: _____

2. _____

Phone: _____

4. _____

Phone: _____

BANK REFERENCE:

Bank Name: _____ Address: _____

Type of Account: Checking Savings Account No.: _____ Contact Person: _____

1. The undersigned hereby agrees that our terms of sale are NET 30 DAYS from the date of the invoice. Anything that is not paid within these terms becomes past due, and a service charge of 1-1/2% per month (18% per annum) will be added on any past due portion and must be paid in full. If my account should run over 60 days past due, I understand that a hold will be placed on my account without notification to me until all past due invoices and finance charges are paid in full.
2. Purchaser agrees to examine all invoices and statements promptly upon receipt and to notify seller immediately of any failure of delivery, shortage, discrepancy of error, and further agrees that such invoices or statements shall be presumed correct unless he or she shall notify seller in writing of such failure of delivery, shortage, discrepancy of error within 21 days of his or her receipt of such invoice or statement which shall be presumed to have received on or before the fifteenth day of the month succeeding the purchase.
3. In the event of default of payment and if the same is placed for collection, the Undersigned agrees to pay the full amount owed, plus all collection costs, including a 15% Attorney's fee and any court costs.
4. The undersigned agrees that any changes of Ownership, Offices or Form of Business Operates as shall be made known in writing to Best Rentals, Inc., 1250 S. Church Street, Rocky Mount, NC 27803.
5. The undersigned does hereby certify that the information contained in this application is true, correct, and complete to the best of my/our knowledge and hereby authorize any credit investigation needed for verification for the purpose of establishing credit with the seller.
6. The undersigned has also acknowledged that he/she has read and understands the enclosed Policies and Practices of Best Rentals, Inc.

OWNER, PARTNER OR OFFICIAL SIGNATURE

OFFICIAL TITLE

DATE