

CREDIT APPLICATION

Corporate Headquarters 6520 W. Broad St

RENTAL WORKS USE ONLY

Credit Limit

6520 W. Broad St	Cro	edit Limit	Rating
Henrico, VA 23230	Acc	count #	Entered by
Phone (804) 288-0018 Fax (804) 521-6705	Ap _i	provea by nied by	Date Date
rax (604) 321-0703	Dei	ined by	Date
Date Credit Applied For:	20		
How did you first hear a	bout Rental Works	s?	
For Rental Works to approve an accou	ınt for credit, <u>all parts of this a</u> and/or seals		leted, with appropriate signature
PARENT COMPANY NAMI	E		· · · · · · · · · · · · · · · · · · ·
DBA			
STREET ADDRESS			
CITY			ZIP
BUSINESS PHONE ()	FAX	Z()	
BILLING CONTACT	FORI	EMAN	
A/P EMAIL	ОТН	ER EMAIL	
BUSINESS ENTITY:			
Corporation	Date Incorporated	Any Previous Ba	nnkruptcy?
Partnership	Date of Ptrshp Agreeme	ent Nature of Busine	ess
Proprietorship	_ Date Entered Business	Credit Limit Red	quested
LLC Federal ID # (MINIMUM OF TWO YEARS R		Dun & Brau	street #
(MITTING IT I WO TEAMS IN	BUSINESS REFE	ERENCES	
NAME	ADDRESS	PHONE	HOW LONG
1)			
2)			
	BANK REFER		
NI A NATE			LOFFICED
NAME	BRANCH AC	CCOUNT# LOAN	OFFICER
1)			
2)			

TERMS AND CONDITIONS

- *BILLING TERMS. Our billing terms are Net 30. Payment is due 30 days from the date of final rental contract or invoice. You agree to pay all amounts charged to the Account on or before their due date.
- *LATE CHARGE. If we do not receive payment in full by the due date, your Account will be in default and past due. A late charge will be assessed beginning on that day and continuing each day thereafter until all amounts due on the Account are paid in full. The late charge will be computed at the periodic rate of 2.0% per month. This rate may be adjusted at any time. A minimum late charge of \$ 1.00 will be applied.
- *AUTHORIZED PURCHASERS. You agree that Rental Works may rely upon all reasonable representations of persons representing themselves to be your agents with authority to make purchase against your Account unless you have provided Rental Works' Credit Department a list of authorized purchasers in writing and/or completed the Charge Authorization portion of this Agreement.
- *PROMISE TO PAY. In return for our extending credit under this Account, you jointly and severally agree to pay for all purchases charged by you to the Account regardless of whether your credit line is exceeded, and all other charges as described below, according to terms of this Agreement.
- *RETURN CHECK CHARGE. We may impose a charge of \$50 for each check received in payment on the Account which is returned to us as unpaid.
- *PAYMENT APPLICATION. Customer agrees to furnish remittance detail with payment.

ADDRESS

NAME

- *CREDIT APPROVAL. This Agreement shall not be effective and binding on us and the Account shall not be activated until such time as we have advised you that your Application has been approved by our Credit Department.
- *ENTIRE AGREEMENT. This Application and this Agreement constitute the entire agreement between you and us regarding the Account and supersede all of our prior written and oral agreements and understanding relating to the subject.

Principal Officers, Partners and/or Proprietors

TITLE

SOCIAL SECURITY #

1)	
2)	
3)	
incurred under this account. I agree that pay a collection fee of \$20.00 plus attorn	n for credit and hereby acknowledge personal responsibility for payment of bills t should this account be turned over to an attorney for collection, applicant agrees to ey fees, in addition to the unpaid balance due. Applicant's signature attests financial pay our invoices in accordance with credit terms.
	e of obtaining credit and is warranted to be true. We hereby authorize Rental Works ning to my/our credit and financial responsibility.
APPLICANT AGREES TO ALL C	ONDITIONS AS STATED IN THIS APPLICATION.
Signature	Date
CHARGE AUTHORIZATION	N - DO YOU REQUIRE:
Purchase Order	Authorized Signatures Only (List names below)
Job Name/Number	
Are you Tax Exempt from	n VA Sales Tax? (Please attach current Exemption Form)