



St. Thomas Rent-All

www.stthomasrentall.com

Quality Equipment, Well Maintained

Application for Credit

Business Name: _____

Address: _____

City: _____ Postal Code: _____

Telephone : (____) _____ - _____ Fax: (____) _____ - _____

E-Mail _____ E-Mail for Billing _____

Type of Operation: Proprietor(____), Partnership: (____), Limited Company (____).

Date Business Commenced Operating: _____ Purchase Order Required: Y/N (____)

Address of Previous Location: _____

If Branch Location, Address of Head Office: _____

Address for Billing: _____

Name(s) of Principal(s): _____

Residence Address: _____

Residence Telephone No. : (____) _____ - _____

Business Bank: _____ Account No. : _____

Address of Bank: _____

Personal Bank: _____ Account No. : _____

Previous Employment or Business: _____

Trade References

Name: _____ Telephone No. : (____) _____ - _____

Address: _____

Name: _____ Telephone No. : (____) _____ - _____

Address: _____

Name: _____ Telephone No. : (____) _____ - _____

Address: _____

Terms: Net 30 Days of Invoice

The undersigned certifies the above information to be true and agrees to pay all accounts upon receipt, and further agrees to guarantee personally the payment of all monies which shall become due to St. Thomas Rent-All from the above named business. It is understood that interest shall be computed on overdue accounts at 2% per month, (being equivalent to an annual percentage rate of 24 %).

Dated this _____ day of _____, Two thousand and _____.

By _____ Authorized Company Official.

(____) Please check if you do not wish to allow St. Thomas Rent-All to use the above information for internal marketing. At no time will this information be passed on to a third party.