



Reliable Equipment Rental, Inc.
Po Box 3047
Evans, GA 30809
Phone: 706-364-8640
Fax: 706-860-9689

APPLICATION FOR COMMERCIAL CREDIT

APPLICANT

Company Name

Contact Person and Title

Address (Number, Street, Suite)

Name of Principle and Title

Address (City, State, Zip)

Owner's Social Security Number

Mailing Address (Number, Street, Suite)

Daytime Phone Number

Mailing Address (City, State, Zip)

Cell Phone Number

Primary Business Activity

Fax Number (Area Code & Number)

Organization Type (Corp., Partnership, Prop. Etc.)

E-Mail

Federal Tax ID Number for Business

Date Business Established

DUNS Number (Dun & Bradstreet)

Approximate Annual Sales (In U.S. Dollars)

BANK REFERENCES

Bank Name

Bank Officer's Name

Address (Number, Street, Suite)

Phone Number (Area Code & Number)

Address (City, State, Zip)

Fax Number (Area Code & Number)

Account Number & Account Type (Checking, Savings, Etc.)

Bank Officer's E-Mail

COMMERCIAL CREDIT REFERENCES (please list three supplier trade references)

Name

Contact Name

Address (Number, Street, Suite)

Phone Number (Area Code & Number)

Address (City, State, Zip)

Fax Number (Area Code & Number)

Name

Contact Name

Address (Number, Street, Suite)

Phone Number (Area Code & Number)

Address (City, State, Zip)

Fax Number (Area Code & Number)

Name

Contact Name

Address (Number, Street, Suite)

Phone Number (Area Code & Number)

Address (City, State, Zip)

Fax Number (Area Code & Number)

AGREEMENT

This application is for the purpose of obtaining COMMERCIAL CREDIT and is warranted by Applicant to be true, correct, and complete in all respects. Reliable Equipment Rental, Inc. (Company) is hereby authorized to investigate the references listed, and obtain additional credit information from third parties (including but not limited to credit reporting agencies.) Applicant has received and agrees to the terms and conditions detailed in the Reliable Equipment Rental, Inc. Statement of Business Policy. Company may amend this Statement of Business Policy from time to time, with a current version provided to applicant upon request.

Upon credit approval, Applicant agrees to payment terms of DUE ON RECIEPT. Any past due invoice is subject to a charge of 1 ½ % per month (18% annual rate), plus all costs of collection, including but not limited to attorney fees if collection becomes necessary. Invoices 15 days past due will result in order(s) being placed on hold pending account payment to a current basis. Applicant warrants that Applicant is not currently under the jurisdiction of a bankruptcy court. Applicant agrees to immediately notify Company in writing should Applicant initiate bankruptcy proceedings, or have any significant change in business operations or ownership.

The below name signatory represents the he/she is an owner, or officer of Applicant, and that he/she is duly authorized by Applicant to bind Applicant to the terms of this agreement. In the event that Applicant defaults on this Agreement, the signatory to the Agreement represents and warrants that he/she will be personally responsible and liable for immediate payment in full, upon demand, of all amounts due including any interest charges and costs of collection.

Authorized Signature (for Applicant)

Title

Date

Printed name of Signatory