



**ABLE EQUIPMENT RENTAL, INC.**  
**21 DIXON AVENUE**  
**COPIAGUE, NY 11726**  
**Phone: 631-841-3333 Fax: 631-841-3066**

**CREDIT APPLICATION**  
**SALES PERSON:**

***PLEASE NOTE: ALL INFORMATION MUST BE COMPLETED FOR THIS APPLICATION TO BE PROCESSED. IF ANY INFORMATION IS LEFT OUT, IT MAY SLOW THE PROCESS.***

**COMPANY INFORMATION**

CUSTOMER NAME:  
STREET ADDRESS: CITY STATE ZIP CODE:  
PHONE NUMBER: FAX NUMBER:  
CURRENT OWNERSHIP SINCE:  
NAME OF PRIMARY CONTACT: CELL PHONE:  
CORPORATION PARTNERSHIP LIMITED PARTNERSHIP PROPRIETORSHIP  
STATE OF INCORPORATION (IF APPLIES) & DATE OF INCORPORATION  
FEDERAL IDENTIFICATION NUMBER:  
EMAIL ADDRESS

**BANK INFORMATION**

BANK NAME: CONTACT:  
ADDRESS:  
PHONE NUMBER: FAX NUMBER:  
CHECKING ACCOUNT NUMBER: SAVINGS ACCOUNT NUMBER:  
LOAN ACCOUNT NUMBER AMOUNT OF LOAN

**CREDIT REFERENCES**

COMPANY NAME: CONTACT:  
ACCOUNT NUMBER:  
ADDRESS:  
PHONE NUMBER: FAX NUMBER:

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ACCOUNT NUMBER:  
ADDRESS:  
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ACCOUNT NUMBER:  
ADDRESS:  
PHONE NUMBER: FAX NUMBER:

COMPANY NAME: CONTACT:  
ACCOUNT NUMBER:  
ADDRESS:  
PHONE NUMBER: FAX NUMBER:

**Customer Name:**

**PERSONAL REFERENCES** *(MUST COMPLETE THIS SECTION FOR ALL OFFICERS).*

**NAME:** \_\_\_\_\_ **TITLE:** \_\_\_\_\_ **PERCENT OWNERSHIP:** \_\_\_\_\_  
**ADDRESS:** \_\_\_\_\_

**NAME:** \_\_\_\_\_ **TITLE:** \_\_\_\_\_ **PERCENT OWNERSHIP:** \_\_\_\_\_  
**ADDRESS:** \_\_\_\_\_

**NAME:** \_\_\_\_\_ **TITLE:** \_\_\_\_\_ **PERCENT OWNERSHIP:** \_\_\_\_\_  
**ADDRESS:** \_\_\_\_\_

Any Judgments, Liens, or Suits Pending? \_\_\_\_\_ List Details Separately  
Ever Claimed Bankruptcy \_\_\_\_\_ If yes, Personal or Business Yr Claimed

**Purchasing Agent:** \_\_\_\_\_ **Phone Number** \_\_\_\_\_  
**Accounts Payable Contact:** \_\_\_\_\_ **Phone Number** \_\_\_\_\_

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***THIS APPLICATION MUST BE SIGNED TO BE PROCESSED.***

**SIGNATURE:** \_\_\_\_\_ **TITLE:** \_\_\_\_\_

**NAME PRINTED:** \_\_\_\_\_ **DATE:** \_\_\_\_\_

*BY SIGNING THIS APPLICATION, THIS AUTHORIZES THE REFERENCES LISTED ABOVE TO RELEASE ANY AND ALL PERTINENT CREDIT INFORMATION TO ABLE EQUIPMENT RENTAL INC. UPON REQUEST.*

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I hereby personally guarantee payment of purchases from ABLE EQUIPMENT RENTAL, INC. made by employees on behalf of my company and agree to pay on demand any sum, which becomes due. **Please sign without title.**

**SIGNATURE** \_\_\_\_\_ **PRINT** \_\_\_\_\_

**PLEASE FAX YOUR COMPLETED APPLICATION TO (631) 841-3066.  
THANK YOU.**