

**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: \_\_\_\_\_  
PHONE NUMBER: ( ) \_\_\_\_\_ FAX NUMBER: ( ) \_\_\_\_\_  
FEDERAL TAX ID OR SS NUMBER: \_\_\_\_\_ CURRENT OWNERSHIP SINCE: \_\_\_\_\_  
NAME OF PRIMARY CONTACT \_\_\_\_\_ CELL PHONE \_\_\_\_\_  
 CORPORATION  PARTNERSHIP  LIMITED PARTNERSHIP  PROPRIETORSHIP  
STATE OF INCORPORATION (IF APPLIES) \_\_\_\_\_ DATE OF INCORPORATION \_\_\_\_\_  
EMAIL ADDRESS \_\_\_\_\_

**BANK INFORMATION**

BANK NAME: \_\_\_\_\_ CONTACT: \_\_\_\_\_  
ADDRESS: \_\_\_\_\_  
PHONE NUMBER: ( ) \_\_\_\_\_ FAX NUMBER: ( ) \_\_\_\_\_  
CHECKING ACCT NO: \_\_\_\_\_ SAVINGS ACCT NO: \_\_\_\_\_  
LOAN ACCT NO: \_\_\_\_\_ AMOUNT OF LOAN: \_\_\_\_\_

**CREDIT REFERENCES**

COMPANY NAME: \_\_\_\_\_ CONTACT: \_\_\_\_\_  
ADDRESS: \_\_\_\_\_  
PHONE NUMBER: ( ) \_\_\_\_\_ FAX NUMBER: ( ) \_\_\_\_\_  
ACCOUNT NUMBER: \_\_\_\_\_

COMPANY NAME: \_\_\_\_\_ CONTACT: \_\_\_\_\_  
ADDRESS: \_\_\_\_\_  
PHONE NUMBER: ( ) \_\_\_\_\_ FAX NUMBER: ( ) \_\_\_\_\_  
ACCOUNT NUMBER: \_\_\_\_\_

COMPANY NAME: \_\_\_\_\_ CONTACT: \_\_\_\_\_  
ADDRESS: \_\_\_\_\_  
PHONE NUMBER: ( ) \_\_\_\_\_ FAX NUMBER: ( ) \_\_\_\_\_  
ACCOUNT NUMBER: \_\_\_\_\_

COMPANY NAME: \_\_\_\_\_ CONTACT: \_\_\_\_\_  
ADDRESS: \_\_\_\_\_  
PHONE NUMBER: ( ) \_\_\_\_\_ FAX NUMBER: ( ) \_\_\_\_\_  
ACCOUNT NUMBER: \_\_\_\_\_

Customer Name: \_\_\_\_\_

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

NAME: \_\_\_\_\_ TITLE: \_\_\_\_\_ PERCENT OWNERSHIP: \_\_\_\_\_

ADDRESS: \_\_\_\_\_ SS NUMBER: \_\_\_\_\_

NAME: \_\_\_\_\_ TITLE: \_\_\_\_\_ PERCENT OWNERSHIP: \_\_\_\_\_

ADDRESS: \_\_\_\_\_ SS NUMBER: \_\_\_\_\_

NAME: \_\_\_\_\_ TITLE: \_\_\_\_\_ PERCENT OWNERSHIP: \_\_\_\_\_

ADDRESS: \_\_\_\_\_ SS NUMBER: \_\_\_\_\_

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 ( ) \_\_\_\_\_

**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.*

I hereby personally guarantee payment of purchases from ABLE EQUIPMENT RENTAL, INC. made by employees on behalf of the company and agree to pay on demand any sum that becomes due. I hereby consent to personal jurisdiction and venue in any court in the State of New York, including the district, state and federal courts of Suffolk County, in which any claim is brought pursuant to this guaranty. **Please sign without title.**

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

DATE: \_\_\_\_\_

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