

ABLE

EQUIPMENT RENTAL

1050 Grand Blvd, Deer Park NY 11729 - T: 631-841-3333 F: 631-841-6666

CREDIT APPLICATION Sales Representative: _____

PLEASE NOTE: THIS APPLICATION WILL NOT BE PROCESSED UNLESS ALL REQUESTED INFORMATION IS PROVIDED IN ITS ENTIRETY.

COMPANY INFORMATION

CUSTOMER NAME: _____
STREET ADDRESS: _____, CITY _____, STATE _____, ZIP: _____
PHONE NUMBER: () _____ FAX NUMBER: () _____
EMAIL ADDRESS _____
NAME OF PRIMARY CONTACT _____ CELL PHONE _____
Accounts Payable Contact: _____ Phone #: () _____ FAX #: () _____
Credit Line Requested: _____ Federal Tax ID or SS #: _____ Current Ownership since: _____
 CORPORATION PARTNERSHIP LLC PROPRIETORSHIP Subsidiary of: _____
STATE OF INCORPORATION (IF APPLIES) _____ DATE OF INCORPORATION _____

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: _____

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ADDRESS: _____
PHONE NUMBER: () _____ FAX NUMBER: () _____
ACCOUNT NUMBER: _____

THIS APPLICATION MUST BE SIGNED BY AN OFFICER OR AUTHORIZED SIGNATORY FOR THE BANK ACCOUNT 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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Customer Name: _____

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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 () _____

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: _____

TO RETURN COMPLETED CREDIT APPLICATION:

FAX TO: (631) 841-6666

or

EMAIL TO: credit@ableequipment.com