

# 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: \_\_\_\_\_

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

COMPANY NAME: \_\_\_\_\_ CONTACT: \_\_\_\_\_  
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 ( ) \_\_\_\_\_

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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](mailto:credit@ableequipment.com)**