



APPLICATION FOR CREDIT

Firm Name:				Date:		
Address:		City:		State:	Zip:	
Billing Address:		City:		State:	Zip:	
Phone:		Fax:				
Type of Business:			E-mail:			
Business is: Proprietorship	Partnership	LLC	Federal #:			
Is Business Tax Exempt? No _	Yes (Please at	tach form)	Purchase orde	ers required? _	No	_ Yes
Please fill in all information that applies (Do not leave blank).			A/P Contact Person:			
Owner Name:		SSN:		DOB:		
Home Address:		City:		State:	Zip:	
Home Phone:		Cell Phone:				
Vice President Name:		SSN:		DOB:		
Home Address:		City:		State:	Zip:	
Home Phone:		Cell Phone:				
Please list three (3) business reference	ces (Preferably loc	al).				
Name:	Name:		Name	2:		
Address:	Address:		Addre	ess:		
Phone:	Phone:		Phon	e:		
Fax:	Fax:		Fax:			
Account #:	Account #:		Accol	unt #:		
Please list those authorized to pickup	o and sign for equi	pment.				
THE CREDIT POLICY OF HANDY RENTS IS Full payment is due thirty (30) days from A service charge of 1.5% will be assessed Accounts past 60 days past due will auto Accounts exceeding 90 days past due wi We must be notified immediately in the	n transaction. If on all accounts pas omatically be placed Il be placed on perm	on COD status un nanent COD.	er, etc.	ng service charge	es, is current.	
Signature of Owner or Officer			Date			

ALLOW TWO (2) WEEKS FOR PROCESSING. APPROVED APPLICATIONS WILL BE NOTIFIED BY MAIL.