

# ***Aurora Rents***

3 Locations To Serve You!  
Shoreline - Greenlake – Lake City

## **APPLICATION FOR CREDIT**

Business Name \_\_\_\_\_ Phone # \_\_\_\_\_

Email Address \_\_\_\_\_ Fax # \_\_\_\_\_

Street Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Billing Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

**OWNERS :** LIST ALL OWNERS OR PARTNERS, USE ADDITIONAL SHEET IF NECESSARY.

1. Name \_\_\_\_\_

Phone # \_\_\_\_\_ Social Security # \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

2. Name \_\_\_\_\_

Phone # \_\_\_\_\_ Social Security # \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

**REFERENCES:** GIVE ONLY THOSE THAT YOU BUY FROM ON AN OPEN ACCOUNT.

1. Name \_\_\_\_\_ Phone # \_\_\_\_\_ Fax # \_\_\_\_\_

2. Name \_\_\_\_\_ Phone # \_\_\_\_\_ Fax # \_\_\_\_\_

3. Name \_\_\_\_\_ Phone # \_\_\_\_\_ Fax # \_\_\_\_\_

## **BUSINESS INFORMATION**

Sales Tax # \_\_\_\_\_ Exp. Date \_\_\_\_\_

Federal ID # \_\_\_\_\_

Contractors License # \_\_\_\_\_ Exp. Date \_\_\_\_\_

Bond Company \_\_\_\_\_ Bond # \_\_\_\_\_

**BANK INFORMATION**

Business Bank & Branch \_\_\_\_\_ Phone # \_\_\_\_\_

Account # \_\_\_\_\_ Bank Rep. Contact \_\_\_\_\_

**ACCOUNTS PAYABLE**

Accounts Payable Contact \_\_\_\_\_ Phone # \_\_\_\_\_

Email Address \_\_\_\_\_ Fax # \_\_\_\_\_

Does your Company require purchase orders on invoices: YES NO

Does your Company require job name/ number on invoices: YES NO

Would your company like to have completed invoices: Faxed Emailed

Would your company like to have statements: Faxed Emailed

**AUTHORIZATION**

Please list on an additional sheet the names of those authorized to sign on your account. (If no names are listed, you will be responsible for anyone using the account).

**TERMS**

Net cash upon receipt. Accounts are due on the 10<sup>th</sup> of the month. Accounts are to be settled in full each month unless otherwise agreed. Should I/We default, I/We agree to pay a delinquency charge if 1.5% per month or 18% per annum on the account in default. Should it become necessary to institute collections proceedings I/We agree to pay costs and reasonable attorney's fees.

The above information is given in the purpose of obtaining credit and shall be regarded as true and correct.

Signature \_\_\_\_\_

Title \_\_\_\_\_

Date \_\_\_\_\_

**PERSONAL GUARANTEE**

I personally guarantee payment of any and all indebtedness of the above account and agree to be bound by the terms and conditions.

Signature \_\_\_\_\_ Date \_\_\_\_\_

**EQUIPMENT PROTECTON PLAN**

We are frequently asked about damage to leased equipment and who is liable. Since the question comes up so often, Aurora Rents is offering an **Equipment Protection Plan** policy. This policy will protect the customer from additional expense due to damage of the rental article. This policy does not apply to loss, neglect, or misuse. Since this service is an option at 10% of the gross rental rate, acceptance must be indicated on each invoice. For the benefit of out Charge Customers, a blanket decline may be indicated by your initials below.

Blanket No \_\_\_\_\_