

# Falls Tool Rental Co.

## Credit Application for a Business Account

*Business Contact Information – Please print neatly*

Title:			
Company Name:			
Phone:	Fax:	E-mail:	
Registered company address:			
City:	State:	ZIP:	
Date business commenced:			
Sole proprietorship:	Partnership:	Corporation:	Other:

### Business and Credit Information

Primary business address:			
City:	State:	ZIP:	
How long at current address?			
Telephone:	Fax:	E-mail:	
Bank name:			
Bank address:			
City:	State:	ZIP:	Phone:
Contact			
Is a job location required?		Is a purchase order required?	
Are You Tax Exempt?		If yes, What is the exempt number?	

### Business and/or trade references

Company name:			
Address:			
City:	State:	ZIP:	
Phone:	Fax:	E-mail:	
Type of account:			
Company name:			
Address:			
City:	State:	ZIP:	
Phone:	Fax:	E-mail:	
Type of account:			
Company name:			
Address:			
City:	State:	ZIP:	
Phone:	Fax:	E-mail:	
Type of account:			

### Agreement

1. By submitting this application you authorize Falls Tool Rental Co. to make enquiries to the banking, savings, business, and/or trade references you have supplied.
2. The billing date is the 15<sup>th</sup>. and 30<sup>th</sup>. of each month. Applicant agrees to make full payment within 15 days of receiving account statement. Any amount not paid within 30 days of the billing date will be subject to a 2% service charge. I understand that service charges must be paid. If this account becomes 60 days past due, the account will be placed on a cash in advance basis immediately without notice.
3. Claims arising from invoices must be made with 7 working days.

### Signatures

_____ Title: Date:	_____ Title: Date:
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