

## Application for Credit

Date \_\_\_\_\_  
 Business Name \_\_\_\_\_  
 dba \_\_\_\_\_  
 Street \_\_\_\_\_  
 City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
 Phone# \_\_\_\_\_ Fax# \_\_\_\_\_  
 Email \_\_\_\_\_  
 Billing Address if different:  
 Street \_\_\_\_\_  
 City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

### Organizational Information

President or Owner \_\_\_\_\_  
 Circle One:  
 Sole Proprietorship / Partnership / Corporation  
 Other (specify) \_\_\_\_\_  
 Yrs in business \_\_\_\_\_ Under current ownership \_\_\_\_\_  
 Home address \_\_\_\_\_  
 Soc. Sec. No. \_\_\_\_\_  
 Accounts Payable Manager \_\_\_\_\_  
 Federal Employer ID# \_\_\_\_\_  
 State Employer ID# \_\_\_\_\_

### Purchasing Information

*Please furnish list of authorized purchasers.*  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Do you require a purchase order? \_\_\_\_\_  
 Estimated monthly purchases \$ \_\_\_\_\_  
**Terms: Net 30 Days**  
 Will you be able to meet these terms? \_\_\_ Yes \_\_\_ No

A valid credit card is required to keep on file.  
 Credit Card # (Visa, MC, Amex, Discover) \_\_\_\_\_  
 Exp. Date \_\_\_\_\_  
 CVV Code \_\_\_\_\_ card billing address \_\_\_\_\_  
 Name on card \_\_\_\_\_  
 Authorized Users \_\_\_\_\_

### Trade References

1. Firm \_\_\_\_\_  
 Street \_\_\_\_\_  
 City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
 Telephone# \_\_\_\_\_ Fax# \_\_\_\_\_  
 Contact \_\_\_\_\_  
 2. Firm \_\_\_\_\_  
 Street \_\_\_\_\_  
 City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
 Telephone# \_\_\_\_\_ Fax# \_\_\_\_\_  
 Contact \_\_\_\_\_  
 3. Firm \_\_\_\_\_  
 Street \_\_\_\_\_  
 City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
 Telephone# \_\_\_\_\_ Fax# \_\_\_\_\_  
 Contact \_\_\_\_\_  
 Bank \_\_\_\_\_  
 Checking Account \_\_\_\_\_  
 Bank address \_\_\_\_\_  
 Bank contact \_\_\_\_\_  
 Telephone# \_\_\_\_\_ Fax# \_\_\_\_\_

### Authorization for Release

I hereby give authorization to the above companies to reveal requested information to TAYLOR RENTAL. All information will be held in strict confidence.

Signed \_\_\_\_\_  
 Print \_\_\_\_\_ Date \_\_\_\_\_

**If you are exempt from sales tax, please provide a copy of your state resale certificate.**