

Registered company address:

Date business commenced:

Primary business address:

How long at current address?

Sole proprietorship:

Company name: Owner name: Phone:

City:

City:

Citv:

Telephone: Bank name:

Bank address:

PST Exempt #

Company name:

Type of account: Company name:

Type of account: Company name:

Type of account:

Signature:

Title:

Date:

references that you have supplied.

Address:

City:

Phone:

Address: City:

Phone:

Address: City:

Phone:

Purchase Order Required

A/P Contact (Name & email)

Insurance Coverage? Certificate req.

Fax:

Fax:

Yes

Yes

Fax:

Fax:

Fax:

3. Claims arising from invoices must be made within seven working days.

4. By Submitting this application you authorize A1 Equipment Rentals to make inquires into banking/trade

1. All invoices are to be paid 30 days from the date of the invoice.

No

No

Partnership:

BUSINESS CONTACT INFORMATION

Postal Code:

Postal Code:

Postal Code:

Postal Code:

Postal Code:

Postal Code:

Other:

REDIT	APPLICAT	TION FOR	R A BUS	SINESS	ACCOUN

	Return By Email: Justin@A1RentalsFresno.com
REDIT	APPLICATION FOR A BUSINESS ACCOU

Notari by Email: Sadding/Articontaior rooms.com		
CREDIT APPLICATION FOR A	BUSINESS ACCOUNT	

		by Email: Sacc		10101100110.00111	
CREDIT	APPL	ICATION	FOR A	BUSINESS	ACCOUNT

5809 E Brown Ave, Fresno, Ca 93727 Bus: (559) 273 8878

QUIPMENT RENTALS	CREDIT APPLICATION FOR A BUSINESS ACCOUNT	

E-mail:

Province:

Corporation:

Province:

E-mail:

Phone:

BUSINESS/TRADE REFERENCES

Province:

Province:

Province:

Province:

E-mail:

AGREEMENT

2. The customer agrees to pay the sum of 2% per month (24% per annum) on any outstanding balance from the date of invoice.

SIGNATURES

Signature:

Title:

Date:

E-mail:

E-mail:

BUSINESS AND CREDIT INFORMATION

EQUIPMENT RENTALS	CREDIT APPLICATION FOR A BUSINESS ACCOUNT