



APPLICATION FOR CREDIT

General Rent-All Inc
2326 Lincoln Way E
Massillon OH 44646

Phone: 330-837-3531 Fax: 330-833-1983 email: office@generalrentall.com

Name of Company or Individual:
Address City
State Zip Code Phone () Fax: ()
Primary email: Additional email:

Mailing Address (if different from above):
Address: State: Zip Code:

Type of Business Years in business: Years at this location
Check one: Corporation Partnership Individual Other:
Date of incorporation: Federal ID #

Name of Principals:
1. Name Address
Phone # () DOB: Social Security #
2. Name Address
Phone #: () DOB: Social Security #:
Accounts Payable contact:
Phone: () Email:

References:
Name: Address: Fax:()
Name: Address: Fax:()
Name: Address: Fax:()

PO required? Job Name/Number required? Taxable? If Yes, please supply Tax Exempt Form
Please supply a list of persons approved to use this account and charge to this account on your behalf.

Name of Bank: Address:
Phone:() Contact Person:
Account Type: Checking Savings Loan Other:

Our Terms: Net 30 days from the date of the completed contract. A statement will be sent at the end of each month. Accounts 90 days delinquent will be required to pay by credit card until due amount returns to current. Accounts 150 days delinquent will permanently relinquish charging privileges and must be paid in full before reestablishing "cash" sales terms.

By signing below you certify that all information provided above is correct, agree to "Our Terms", and agree to pay accordingly.

Signed
Name Title Date

Printed Name: