

## APPLICATION FOR CREDIT

GENERAL RENT-ALL, INC.
ATTN: ACCOUNTS RECEIVABLE
12500 E LINCOLN WAY
ORRVILLE, OH 44667
(330) 684-1900
accountsreceivable@generalrentall.com

Name of Company or Individual:					
Address:		City:			
State:	Zip Code:	Phone	Fax		
Email:					
Mailing address: (If different fr	om above)		City:		
State:	Zip Code:	Phone	Fax		
Type of Business:		Years in business:			
Years at current Location:		Federal ID #:			
Type of Business: Corpora	ation:				
Partnership: LLC:	Individual:				
Principal Name:					
Address:	: City:				
State:	Zip Code:	Phone	Fax		
Email:					
Accounts Payable Contact:					
Billing Address: (If different from above)  City:			City:		
State:	Zip Code:	Phone	Fax		
Email:					
PO # Required? Y /	N	Job Name or # Required? Y / N			
Non-Taxable? Y /	N	If exempt please supply Tax Exempt Form			

## References on following page

MASSILLON 2326 LINCOLN WAY E MASSILLON, OH 44646 (330) 837-3531 ORRVILLE 12500 E. LINCOLN WAY ORRVILLE, OH 44667 (330) 684-1900 N. CANTON 7047 WHIPPLE AVE NW N. CANTON, OH 44720 (330) 494-4913 WOOSTER 550 KEMROW AVE WOOSTER, OH 44691 (330) 263-0909

<sup>\*</sup>Please supply a list of persons approved to use this account and charge on your behalf.



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REFERENCES				
Name:				
Phone (	)	Fax ( )		
Email:				
Name:				
Phone (	)	Fax ( )		
Email:				
Name:				
Phone (	)	Fax )		
Email:		-		

ich month. A ill be required to pay by credit card until due amount returns to current. Accounts 90 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			

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