

CREDIT APPLICATION FOR A BUSINESS ACCOUNT WITH GRAND RENTAL STATION

SECTION 1

ALL ACCOUNTS WITH A 2 YEAR MINIMUM OF ESTABLISHED BUSINESS TRADE WILL BE CONSIDERED

Tax Exempt: * YES or NO * If yes, please attach a copy of your tax exempt certificate.

Purchase orders required: YES or NO

Legal name: _____ Business name: _____

Accounts payable contact: _____

Phone: _____ Fax: _____ Type of business: _____

Billing address: _____

City: _____ State: _____ ZIP Code: _____

Date business commenced: _____

Sole proprietorship: _____ Partnership: _____ Corporation: _____ Other: _____

SECTION 2/ BUSINESS AND CREDIT INFORMATION

Primary business address: _____

City: _____ State: _____ ZIP Code: _____

How long at current address? _____

Telephone: _____ Fax: _____ E-mail: _____

Names of Principal owners, stockholders and officers	Street	city	state	zip code
1.				
2.				
3.				

**SECTION 3/BUSINESS/TRADE REFERENCES
TO AVOID THE RETURN OF YOUR APPLICATION, PLEASE COMPLETE ALL LINES**

1. Company name: _____

Address: _____

City: _____ State: _____ ZIP Code: _____

Phone: _____ Fax: _____ E-mail: _____

2. Company name: _____

Address: _____

City: _____ State: _____ ZIP Code: _____

Phone: _____ Fax: _____ E-mail: _____

3. Company name: _____

Address: _____

City: _____ State: _____ ZIP Code: _____

Phone: _____ Fax: _____ E-mail: _____

AGREEMENT

1. All invoices are to be paid 30 days from the date of the invoice.
2. Claims arising from invoices must be made within seven working days.
3. By submitting this application, you authorize GRAND RENTAL STATION. to make inquiries into the business/trade references that you have supplied.
4. The above information is for the purpose of obtaining credit and is warranted to be true. The undersigned, an authorized officer, jointly and severally, in consideration of your extending credit to the above named applicant, does hereby agree to pay for all goods, wares and or services supplied to applicant and in the event it should become necessary to place our account with a collection agency, the undersigned agrees to pay all costs of such collections, including court costs and Attorney's fees.

SIGNATURE (REQUIRED)

_____ Name

_____ Date

_____ Title

New account application

Credit Release

Mail To:

Attn: Credit Dept.
GRAND RENTAL STATION
5612 North Illinois Street
Fairview Heights, IL 62208

Or fax to:

618-277-7859 fax

Authorization to Release Information

The undersigned hereby authorizes the Credit Department Of GRAND RENTAL STATION, Fairview Heights, Illinois to obtain information pertaining to accounts of deposit, credit obligations and all other credit matters which they may require in connection with my (our) request for an open line of credit.

This form may be reproduced and that copy shall be effective as the original authorization which I (we) have signed.

All the information will be held in the strictest of confidence.

For: _____
(Customer name)

Signed: _____

Title: _____

Address: _____

City/State/Zip _____

Telephone number: _____

Fax number: _____