

For office use only:
Status:
Acct#
Cr Line:
Notified:

19600 Frederick Road, Germantown, MD 20876 428-3200 • 253-6333 • FAX: (301) 428-4991

800-949-9000 www.nsrentals.com

## APPLICATION FOR CREDIT

Name & Address of Company			
*PLEASE INCLUDE PHYSICAL ADDRESS IF IT DIFFERS ** IF OUT OF STATE, PLEASE INCLUDE LOCAL JOB AD			
Phone number	Fax Number		
Billing Contact	Type of Business		
P.O.'s Required Yes No	How Long in Business		
Federal ID #	Tax Exemption Certificate#		
State of Origin: ( ) Corporation ( ) Sole Proprietorship ( ) LLC			
List Persons Authorized to Use Accoun	nt		
	TPO BATH		
(TO UPDATE THIS SIGNATURE LIST IN THE FUTURE, V	WE MUST HAVE YOUR CHANGES IN WRITING)		
Decline Damage Waiver on All Invoice (CERTIFICATE OF INSURANCE SPECIFICALLY STATING	es ? <u>ig coverage of rental equipment</u> must be enclosed)		
Estimate of Your Monthly Credit Regu	irements \$		

## TRADE REFERENCES

SIGNATURE

SPOUSE NAME

SPOUSE SIGNATURE

NAME

	ADDRESS			
	TELEPHONE	FA	X	
	ACCOUNT#			
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	NAME			
	NAME		- Lawrence	
	ADDRESS		¥/	
	TELEPHONE	FA	Х	
	ACCOUNT#			
We understand that your terms are cash, but for our convenience, we hereby make an application for a charge account with the understanding that all bills are to be paid upon receipt of the invoices. If not paid within 30 days, the account will be subject to a finance charge of 1½% per month, 18% annually. We further agree to pay attorney's fees and expenses up to 40% if legal action is required to collect on the account. I/we authorized Seller from time to time to obtain Business and Consumer Credit Reports on Customer for any principals listed or to obtain credit and funding information from any other persons or entities.				
The undersigned hereby guarantees, jointly and severally with each other and the debtor, the full performance and observance of all terms, covenants, conditions, and agreements of the debtor in any agreement or any other contract with seller.				
PRESIDENT	The same of the sa	VICE PRESIDENT		
ADDRESS		ADDRESS	-	
		*		
HOME PH#		HOME PH#	The second secon	
RENT/OWN				
SOCIAL SECURITY #			· #	
DATE OF BIRTH	Andrew Company	DATE OF BIRTH		

All information above bust be filled in before application can be processed. It there are any questions concerning any information requested above or reasons why a particular area cannot be filled out, please contact out office. We also must have personally guaranteed applications mailed to us. We do not accept faxed copies of signatures. You may fax the application for immediate processing, however, no account will be opened until we receive the original application.

SIGNATURE

SPOUSE NAME

SPOUSE SIGNATURE