



# EQUIPMENT RENTAL & SALES

Brunswick: 29 Pearl Rd. Ohio 44212 • 1.888.572.3888 ; Avon: 38525 Chester Rd. Ohio 44011 •

## ACCOUNT APPLICATION

Please Print or Type

Date:

Account #

Company Name:		
Address:		
City:	State:	Zip:
Phone:	Contact:	
Fax:	Email:	
Website:		

Accounts Payable Address:		
City:	State:	Zip:
A/P Email:	Can we email invoices? <input type="radio"/> No <input type="radio"/> Yes	
A/P Contact:	A/P Phone:	

Ownership: <input type="radio"/> Corporation <input type="radio"/> Partnership <input type="radio"/> Sole Proprietor		
Federal Tax #	Date & State Incorporated:	
Date Business Started:	# of Employees:	
Names and titles of all owners, partners or officers of corporation:		
Title	Name	Address and phone

Principle Line of Business:	
Are you on a Purchase Order System? <input type="radio"/> No <input type="radio"/> Yes	Tax Exempt? _____ No _____ Yes
Contact Person:	Tax Exempt Number _____
Please list the names of those persons authorized to charge on this account:	

EMAIL BACK TO AZATIK@ABCEQUIPMENT.COM

**BANK REFERENCES**

Name of Bank		Account #
Address	City	State/Zip
Contact		Phone
<input type="radio"/> Checking <input type="radio"/> Savings <input type="radio"/> Loan		
Name of Bank		Account #
Address	City	State/Zip
Contact		Phone
<input type="radio"/> Checking <input type="radio"/> Savings <input type="radio"/> Loan		

**Commercial Trade References:** Supply four companies you buy from on open account. References are not valid unless company names, addresses & phone numbers are included.

Name		Email		Name		Email	
Address				Address			
City, State, Zip				City, State, Zip			
Phone		Fax		Phone		Fax	
Name		Email		Name		Email	
Address				Address			
City, State, Zip				City, State, Zip			
Phone		Fax		Phone		Fax	

Should we approve this application, you agree to pay within our payment terms for all goods purchased. ABC Equipment is receiving your written consent to pull your credit and to contact any references or banks listed above. It is understood that any information so obtained will be used solely for granting credit. Past due accounts will be subject to a 2% monthly service charge **Should it become necessary to collect this account through an attorney, by legal proceedings, or otherwise, the undersigned, including endorser, promise to pay all costs of collection, including reasonable attorney's fees and interest.**

Dated \_\_\_\_\_ Authorized Buyer/  
Co. Officer/Partner \_\_\_\_\_ Title \_\_\_\_\_  
(Signature)  
\_\_\_\_\_  
(Print Name)

**Guaranty:** As s further inducement for ABC Equipment to extend credit, the undersigned, individually agrees to be primarily and unconditionally liable to ABC Equipment for the prompt payment when due for any and all present and future obligations of the buyer to ABC Equipment.

Signature \_\_\_\_\_ Title \_\_\_\_\_  
Print Name \_\_\_\_\_ Social Security Number \_\_\_\_\_



## INSURANCE REQUIREMENTS

- 1.) ***ABC MUST HAVE ON FILE A CERT. OF INSURANCE FROM YOUR INSURANCE COMPANY NAMING ABC EQUIPMENT RENTAL "LOSS PAYEE AND ADDITIONAL INSURED" AND SHOW COVERAGE ON YOUR LIABILITY POLICY.***
- 2.) ***THE DESCRIPTION MUST READ "CERTIFICATE FOR COVERAGE FROM ALL DAMAGE AND OR LOSS TO RENTED EQUIPMENT VALUED AT A MINIMUM OF \$200,000."***
- 3.) ***NO RENTED EQUIPMENT MAY BE EXCLUDED FROM COVERAGE ON YOUR POLICY.***

***SEND INSURANCE CERTIFICATE BY EMAIL TO [AZATIK@ABCEQUIPMENT.COM](mailto:AZATIK@ABCEQUIPMENT.COM) OR [ACCOUNTS@ABCEQUIPMENT.COM](mailto:ACCOUNTS@ABCEQUIPMENT.COM)***

**[EMAIL BACK TO AZATIK@ABCEQUIPMENT.COM](mailto:AZATIK@ABCEQUIPMENT.COM)**