

WINCHESTER (859)744-0400 FAX (859)744-6974 845 BYPASS ROAD WINCHESTER, KY 40391

BUSINESS CONTACT INFORMATION:

RICHMOND (859)625-0409 FAX (859)625-0190 5099 ATWOOD DRIVE RICHMOND, KY 40475 GEORGETOWN (502)863-5600 FAX (502)867-4995 115 ETTER LANE GEORGETOWN, KY 40324

CREDIT APPLICATION

Company Name)			
Accounts Payab	ole Contact			
Phone		Fax		
City		State	_ Zip Code	
Year Business E	stablished	Federal ID#		
Corporation	Partnership	Sole Proprietorship_	ProprietorshipOther	
Tax Exempt	YESNO	If Yes, Please Attach (Сору	
BUSINESS AND	CREDIT INFORMA	TION:		
Business Owner	rs Name			
		State		T
		Email		
Business Bank_		Phone		
City		State	_ Zip Code	
	tention Account Number			
Address	ame	X NUMBERS FOR ALL F		
		State		
Phone				
FAX		Contact Name		
(2) Company Na	ame			
		State		
Phone		Email		
FAX	V	Contact Name		
(3) Company Na	ame			
Address				
City			Zip Code	
Phone		Email		
FAX		Contact Name		



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SIGNATURE

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DATE

	CREDIT APPLICATION	
CUSTOMER PROTECTION I Please indicate thos []PO# []Job# []Job	INFORMATION: se items you require to appear on out o Name [] Tract# [] Job address	ur Invoice/Contract [] Authorized Signature
The Following Individuals are Au	uthorized to Approve/Sign Rental Transaction	ons on Behalf of our Company
Name	Title	
OPEN ACCOUNT CREDIT T	ERMS:	
	and payable within 30 days from the da	
	ed for more than 4 continuos weeks, pe	
issued for rental cha from the date of invo	arges due. All such invoices are due an pice.	d payable within 30 days
equipment picked up	delinquent balance may be placed on a be without notice, at the discretion of BY CENTER will be preliminary lien notice w	PASS RENTAL CENTER.
	n. This is a company policy and is not a	
 A monthly service ch 	narge of 2% will be added to each delin	quent account.
THE UNDERSIGNED warran	ts that all information on this Credit App	olication is true & correct,
bound by all terms & condition	I of the above open account credit term ns set forth in each and every rental co he release of there credit standing to B	ntract. THE
for purpose of establishing the		
SIGNATURE	PRINT NAME	DATE
PERSONAL GUARANTEE: The	e undersigned herby unconditionally guaran	ntee the full & prompt payment
to BYPASS RENTAL CENTER.	When due, of all indebtedness, obligation & on, including all amounts now owing & arisi	k liabilities of customer named
•	e until notice is sent in writing, by certified m	
	YPASS RENTAL CENTER. This notice sha	
termination, not to be less than s	seven (7) days after the notice is received 8	& shall not affect only charges

for transactions with the customer that were entered into prior to the termination date.

PRINT NAME