

CHARGE ACCOUNT APPLICATION

Fill out both sides of application and send in the mail or fax us at FAX: 410-780-0989 Application must be filled out completely in order to process!!!! + **30.00 FEE**

BUSINESS INFORMATION AND HISTORY

Full Legal Name:______ Doing Business As:_____ Billing Address:_____ (CITY) (STATE) Main Address:______ (CITY) (STATE) (ZIP) Telephone: Fax: A/P Contact: Cell #:_____ ____Proprietorship ____ Partnership ____Corporation Federal I.D. #_____ _____ How long in business:____ E-mail address: **BUSINESS REFERENCES** Name: How Long: (CITY) (STATE) (ZIP) Telephone: Fax: Second: How Long: Name: Address:___ (CITY) (STATE) (ZIP) Telephone:______Fax:_____ BANK REFERENCES

(CITY)

(STATE)

(ZIP)

Bank Name & Branch______ Account #___

Telephone: Contact:

Address:

CREDIT AMOUNT REQUESTED)	
CHARGE AUTHORIZAION		
Written purchase order required Job Name or Location required		Verbal orders okaySignature list required
Only those listed below:		Signature list required
Name	Title	Ext or Cell #
1		
2		
3		
J		
4		-
charges. Dealer agrees to waive any DWC does not cover misuse, vandali	Damage Waiver, which claim against customer f sm, theft, and mysteriou we must have the appro	n is a fixed percentage of the total rental for accidental damage to equipment rented. s disappearance; tire damage, flats or window opriate insurance certificates/binders in our l forms are received
We accept the Damage Waiver	accept the Damage Waiver We decline the Damage Waiver	
MARYLAND STATE RETA	IL SALES & USE	TAX
We are tax-exemp	t, and a certificate is enc	losed
a finance charge is computed at the policy. Interest is calculated on the finamount due will be charged on account account ACCOUNT AUTHORIZATI I certify that as an officer/owner/particular application. I personally guarantee particular Rosedale LLC permission to investigauthorize ABC Rental Rosedale LLC	ment is due within 30 da eriodic rate of 2% per m rst business day of each nts placed in collection, (ON) her of the Applicant Con ayment of bills incurred ate our credit history and to use any credit card of	ays of invoice date. On invoices over 30 days onth, which is an annual percentage rate of month. An additional fee of 30% of the total to cover attorney's fees and other costs. Inpany, I am authorized to execute this credit under this account. I grant ABC Rental d contact any references provided. I further in file or previously used for this account to oice date. I understand and agree to the terms
Name		
Signature	Date:	
Social Security #	Drivers License#	
CREDIT CARD INFO: Credit Card: Visa MasterCard An	m Exp Discover	Code