

For the purpose of establishing credit with Miami Tool Rental, the undersigned applicant furnishes the following information. Applicant represents and warrants said information is true and correct statement of its financial condition.

CONTACT NAME: \_\_\_\_\_

EMAIL: \_\_\_\_\_

**COMPANY INFORMATION**

FULL LEGAL NAME / BUSINESS ENTITY: \_\_\_\_\_

PHONE NUMBER: \_\_\_\_\_ FAX NUMBER: \_\_\_\_\_

PHYSICAL ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP CODE: \_\_\_\_\_

BILLING ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP CODE: \_\_\_\_\_

COMPANY TYPE:  Proprietorship  Partnership  Franchisee  Corporation  Other: \_\_\_\_\_

NATURE OF BUSINESS: \_\_\_\_\_

YEAR ESTABLISHED: \_\_\_\_ / \_\_\_\_ / \_\_\_\_ PRESENT LOCATION SINCE: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

FEDERAL TAX ID (if incorporated) & STATE: \_\_\_\_\_ - \_\_\_\_\_

CONTRACTOR LICENSE NUMBER (if applicable) & STATE: \_\_\_\_\_ - \_\_\_\_\_

CREDIT LINE REQUESTED (USD): \_\_\_\_\_

TAX EXEMPT (if yes, provide a valid certificate):  YES  NO P.O. REQUIRED:  YES  NO

**BANK REFERENCES**

BANK NAME: \_\_\_\_\_ ACCOUNT NUMBER: \_\_\_\_\_

CONTACT: \_\_\_\_\_

ADDRESS: \_\_\_\_\_ CITY: \_\_\_\_\_ STATE: \_\_\_\_\_

ZIP CODE: \_\_\_\_\_ PHONE NUMBER: \_\_\_\_\_

**TRADE REFERENCES**

COMPANY NAME: \_\_\_\_\_ ACCOUNT NUMBER: \_\_\_\_\_

CONTACT: \_\_\_\_\_

ADDRESS: \_\_\_\_\_ CITY: \_\_\_\_\_ STATE: \_\_\_\_\_

ZIP CODE: \_\_\_\_\_ PHONE NUMBER: \_\_\_\_\_

COMPANY NAME: \_\_\_\_\_ ACCOUNT NUMBER: \_\_\_\_\_

CONTACT: \_\_\_\_\_

ADDRESS: \_\_\_\_\_ CITY: \_\_\_\_\_ STATE: \_\_\_\_\_

ZIP CODE: \_\_\_\_\_ PHONE NUMBER: \_\_\_\_\_

COMPANY NAME: \_\_\_\_\_ ACCOUNT NUMBER: \_\_\_\_\_

CONTACT: \_\_\_\_\_

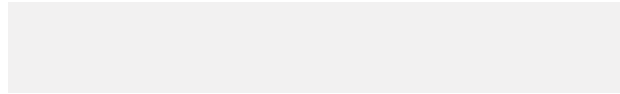
ADDRESS: \_\_\_\_\_ CITY: \_\_\_\_\_ STATE: \_\_\_\_\_

ZIP CODE: \_\_\_\_\_ PHONE NUMBER: \_\_\_\_\_

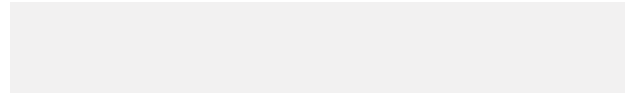
**PROPRIETOR GUARANTY / AUTHORIZATION**

By signing this Application, I authorize the Miami Tool Rental, INC or its agent to investigate my personal credit and financial records including my banking records. As part of such investigation, I authorize the Miami Tool Rental, INC to request and obtain consumer credit reports on me in connection with the opening, monitoring, renewal and extension of this and other accounts with the Miami Tool Rental, INC and the marketing of other products and services to me and my business by the Miami Tool Rental, INC. I further authorize the Miami Tool Rental, INC to share the information received from my consumer credit report with the Miami Tool Rental, INC parent, subsidiaries, and affiliates. If I request, you will tell me whether my consumer credit report was requested and, if so, the name and address of the consumer credit reporting agency that furnished the report. I also acknowledge that I have personally guaranteed the debts and obligations of my business and agree that I am personally obligated to perform all of the terms of, and make all payments to the Miami Tool Rental, INC required by, the agreement of which this Application is a part.

FIRST NAME: \_\_\_\_\_ INITIAL: \_\_\_\_\_ LAST NAME: \_\_\_\_\_  
TITLE: \_\_\_\_\_  
PRESENT HOME ADDRESS: \_\_\_\_\_  
CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP CODE: \_\_\_\_\_ HOME PHONE: \_\_\_\_\_  
BIRTH DATE: \_\_\_\_ / \_\_\_\_ / \_\_\_\_ SOCIAL SECURITY NUMBER: \_\_\_\_\_  
DRIVER'S LICENSE NUMBER & STATE: \_\_\_\_\_ - \_\_\_\_\_



Authorized Signature



Date

*In completing this application for credit, we hereby agree that all amounts are payable within 30 days from the date reflected on the invoice. If the invoice is not paid on the said date, the invoice will be viewed as delinquent. Further, we agree to pay a delinquency fee of 1.5% per month on any amount which is past due more than 30 days from the term date until paid.*

*Purchase orders will be accepted as long as no terms other than those set forth by MIAMI TOOL RENTAL are included on the purchase order.*

*All returned checks will be charged a NSF fee. The NSF fee will be the maximum amount allowed by the state in which the check is paid. After which your account may be placed on a "cash only" basis.*

*If credit is granted, we the undersigned agree to the terms set forth above and conditions stated on each and every invoice. We hereby personally guarantee the payment of all obligations to MIAMI TOOL RENTAL until withdrawn by certified mail. We recognize that the credit line may increase or decrease at the discretion of MIAMI TOOL RENTAL, Inc. at any time. I further agree that should the account be placed for collection due to non-payment, I will be responsible for all reasonable attorney/collection fees.*

*All indebtedness due to MIAMI TOOL RENTAL is due and payable at the address on the front of the credit application.*

PRINT NAME: \_\_\_\_\_ SIGNATURE: \_\_\_\_\_  
TITLE: \_\_\_\_\_ DATE: \_\_\_\_\_

**FOR OFFICE USE ONLY:**  APPROVED  DECLINED

CREDIT LIMIT: \$ \_\_\_\_\_

APPROVAL DATE: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

***Do you have questions regarding the application?******Please contact us: 305-592-5050***