

CREDIT APPLICATION

NAME OF FIRM: _____ PHONE: _____

ADDRESS: _____

BUSINESS IS: CORPORATION PARTNERSHIP PROPRIETORSHIP

NAME OF OWNER OR OWNERS: _____

YEARS BUSINESS ESTABLISHED: _____

INVOICES WILL BE PAID BY (BILL TO):

NAME: _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

BUSINESS REFERENCES (NOTE: MUST HAVE COMPLETE NAME, ADDRESS AND PHONE)

1. NAME: _____ PHONE: _____

ADDRESS: _____ CITY: _____ STATE: _____ ZIP: _____

2. NAME: _____ PHONE: _____

ADDRESS: _____ CITY: _____ STATE: _____ ZIP: _____

3. NAME: _____ PHONE: _____

ADDRESS: _____ CITY: _____ STATE: _____ ZIP: _____

YOUR BANK: _____

ADDRESS: _____ PHONE: _____

CITY: _____ STATE: _____

NAME OF OFFICER: _____

TERM FOR PAYMENT: NET 30 DAYS FROM DATE OF RENTAL INVOICE BY SIGNING THIS APPLICATION, WE CERTIFY THAT ALL THE INFORMATION AFOREMENTIONED IS CORRECT AND THAT WE FULLY UNDERSTAND CREDIT EXTENDED

SIGNED: _____ TITLED: _____ DATE: _____

RETURN TO: ALDIAN RENT ALL | 964 EAST BOSTON POST ROAD, MAMARONECK, N.Y. 10543