

Burns Rent-Alls Inc.
CREDIT APPLICATION FOR A BUSINESS ACCOUNT

Please E-mail to Rachel@burnsrentals.com or fax to 574-257-2600.

BUSINESS CONTACT INFORMATION

Company name:			
Phone:	Fax:	E-mail:	
Registered company address:			
City:	State:	ZIP Code:	
Date business commenced:			
Sole proprietorship:	Partnership:	Corporation:	Other:

BUSINESS AND CREDIT INFORMATION

Billing business address:		
City:	State:	ZIP Code:
How long at current address?		
Telephone:	Fax:	Billing E-mail:
Bank name:		
Bank address:	Phone:	
City:	State:	ZIP Code:
Type of account:	Account number:	

BUSINESS/TRADE REFERENCES

1. Company name:		
Address:		
City:	State:	ZIP Code:
Phone:	Fax:	E-mail:
Account Number:		
2. Company name:		
Address:		
City:	State:	ZIP Code:
Phone:	Fax:	E-mail:
Account Number:		
3. Company name:		
Address:		
City:	State:	ZIP Code:
Phone:	Fax:	E-mail:
Account Number:		

AGREEMENT

1. All invoices are to be paid 30 days from the date of the invoice.
2. By submitting this application, you authorize Burns Rent Alls, INC. to make inquiries into the banking and business/trade references that you have supplied.
3. In the event an account remains unpaid and is placed with an outside collection source, your firm agrees to be responsible for the costs of collection including, but not limited to, collection agency fees and attorney's fees.
4. All invoices and statements will be sent to the billing E-mail address provided. We do not mail invoices.

SIGNATURE

Signature: Printed Name:	Title: Date:
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