

# CONN EQUIPMENT RENTAL CO., INC.

36980 HIGHWAY 280, P.O. BOX 2157

SYLACAUGA, AL 35150

PHONE (256) 245-4741 or (256) 245-4211 FAX (256) 245-7358

## APPLICATION FOR BUSINESS CREDIT

Name of Firm: _____	Date: _____
Mailing Address: _____	Phone No.: _____
City _____ State _____ Zip _____	Fax No.: _____
Street Address: _____	Corporation Partnership Individual (circle one)
City _____ State _____ Zip _____	Check here if incorporated within the past twelve months ( )
Date & State Incorporated: _____	Years Firm in Business: _____

Type of Business: <input type="checkbox"/> Products <input type="checkbox"/> Dealer <input type="checkbox"/> Prime Contractor <input type="checkbox"/> Ready-Mix <input type="checkbox"/> Other	TAX EXEMPT: <input type="checkbox"/> YES <input type="checkbox"/> NO <small>(Copy of Certificate Copy must be provided or tax will be charged)</small>	Is a PO Required for Invoicing? _____ Other: _____
---	---	---

[OUR CREDIT TERMS ARE NET 30]

Are You Bonded?  YES  NO

Name of Insurer: \_\_\_\_\_ Phone No.: ( ) \_\_\_\_\_

Street Address: \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

### OWNERSHIP

NAME: _____	TITLE: _____	SS# / FED ID: _____
ADDRESS: _____	PHONE NO.: _____	
NAME: _____	TITLE: _____	SS# / FED ID: _____
ADDRESS: _____	PHONE NO.: _____	
NAME: _____	TITLE: _____	SS# / FED ID: _____
ADDRESS: _____	PHONE NO.: _____	

### FINANCIAL INFORMATION

**TRADE REFERENCES:**

NAME: _____	NAME: _____
ADDRESS: _____	ADDRESS: _____
PHONE: ( ) FAX: ( )	PHONE: ( ) FAX: ( )
NAME: _____	NAME: _____
ADDRESS: _____	ADDRESS: _____
PHONE: ( ) FAX: ( )	PHONE: ( ) FAX: ( )

**BANK REFERENCES:**

Name of Bank: _____	Account No. _____
Address: _____	Phone: ( ) _____
Officer or Dept.: _____	Fax: ( ) _____

We certify that all information on this form is correct. We fully understand your credit terms and agree to the proper payment in consideration of extended credit.

Authorized Officer Signature: \_\_\_\_\_ Title: \_\_\_\_\_  
Print Name: \_\_\_\_\_ Date: \_\_\_\_\_

(THE ABOVE SIGNED AGREES TO HAVE BOTH CONSUMER & COMMERCIAL CREDIT OBTAINED AS NEEDED BY THE COMPANY)

# CONN EQUIPMENT RENTAL CO., INC.

36980 HIGHWAY 280, P.O. BOX 2157

SYLACAUGA, AL 35150

PHONE (256) 245-4741 or (256) 245-4211

FAX (256) 245-7358

## PAYMENT VERIFICATION

This form is submitted to your company for written verification of our payment terms. These terms will apply to all sales and services provided by our company. Our terms are as follows:

Invoice amounts are due thirty (30) days beyond the date of sale or service. Payments may be submitted before the grace period deadline. Discounts will not be given unless prior agreements have been reached. Any deviations from our payment terms must be discussed prior to any sale or service. Any invoices beyond the thirty (30) day grace period will automatically accrue a 1.5% finance charge.

Please provide this form to the pertinent individual in your organization that can authorize and implement these payment terms. This form will be provided to you via facsimile or mail prior to the sale or service. Upon completion of authorization and witness, please return this form by fax, or mail it to the address listed above. In the event that legal action is required to procure payment, all applicable legal fees will be the responsibility of the customer.

Company Name: \_\_\_\_\_

Completed By: \_\_\_\_\_

Witnessed By: \_\_\_\_\_

Date: \_\_\_\_\_