

# ACTION RENTAL AND SALES INC CREDIT APPLICATION

1861 NORTH EASTMAN ROAD

KINGSPORT, TENN. 37664

Phone 423-246-5181

Fax 423-246-7051

actionrental@chartertn.net

Store Hours M-F 7:30 a.m. till 5:30 p.m. Sat 7:30a.m. till 3:00 p.m.

Company Name \_\_\_\_\_ Phone # \_\_\_\_\_  
Street Address \_\_\_\_\_ City \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_  
Date Business Started \_\_\_\_\_ Federal ID# \_\_\_\_\_ Tax Exempt \_\_\_yes\_\_\_ no  
Check One \_\_\_Corporation\_\_\_ Partnership \_\_\_Proprietorship\_\_\_ Tax # \_\_\_\_\_ State \_\_\_\_\_  
(if tax exempt enclose tax form)

Mailing Address if different \_\_\_\_\_  
How Long at This Address \_\_\_\_\_ Number of Employees \_\_\_ Corporation \_\_\_ Individual \_\_\_ Partnership \_\_\_  
Accts. Payable Contact \_\_\_\_\_ Phone # \_\_\_\_\_  
PO# Required Yes \_\_\_ No \_\_\_ JOB# Yes \_\_\_ No \_\_\_ JOB NAME REQUIRED Yes \_\_\_ No \_\_\_  
Other Special Billing Required \_\_\_\_\_

## Company Officers, Partners, Proprietor:

NAME	SOCIAL SEC #	TITLE	ADDRESS	PHONE #
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

## Credit References

Name _____	Name _____	Name _____
Street _____	Street _____	Street _____
City,State,Zip _____	City,State,Zip _____	City,State,Zip _____
Phone _____	Phone _____	Phone _____
Fax _____	Fax _____	Fax _____

## OFFICE USE ONLY, DO NOT WRITE IN THIS SPACE

Date Open _____	Date Open _____	Date Open _____
High Credit _____	High Credit _____	High Credit _____
Current Balance _____	Current Balance _____	Current Balance _____
History _____	History _____	History _____

## Primary Bank

Name	Contact	Acct Number	Phone
_____	_____	_____	_____

Terms net 30 days from date of invoice, past due subject to 1\_% per month Finance Charge. In the event of default of payment the undersigned agrees to pay amount due plus any Collection Costs and Fees. The undersigned does hereby certify that the information contained in this application is true and correct to the best of my knowledge, and hereby authorizes any credit investigation needed for verification for the purpose of establishing credit with seller.

NAME (Print) \_\_\_\_\_ SIGNATURE \_\_\_\_\_ TITLE \_\_\_\_\_ DATE \_\_\_\_\_

Personal Guarantee(if in business less than 3 years) In the event the above named company were to default on payment, I personally guarantee payment of all sales, rentals, collection fees due Action Rental and Sales Inc

NAME (Print) \_\_\_\_\_ SIGNATURE \_\_\_\_\_ TITLE \_\_\_\_\_ DATE \_\_\_\_\_

Please Fill Out and Mail to address above or Fax to # above