



ACCOUNT INFORMATION PROFILE

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Credit Department

1150 Northbrook Drive, Ste 100

Treose, PA 19053

Ph (215) 639-9200

Fax (215) 359-2753

Customer # _____ Sisp _____
INTERNAL USE ONLY

Company's Legal Name _____ Main Phone # (____) _____

DBA/Trade Name _____ Main Fax # (____) _____

Billing Address _____ Federal Tax ID# _____

City _____ State _____ Zip _____ State & Date of Incorporation ____ / ____

Previous address (if less than 3 years at current address) _____ # Year in Business _____

City _____ State _____ Zip _____ Website _____

Legal Form of Business: C-Corp S-Corp Ltd Partnership Gen Partnership Sole Prop Non-Profit LLC

Jobsite Name _____ JOBSITE TYPE: Public Private

Jobsite Address _____

City _____ State _____ Zip _____

Jobsite Contact _____ Phone (____) _____ Fax (____) _____

General Contractor Name & Address _____

P.O. Required? Yes No If yes, please provide a copy of your Purchase Order

Tax-Exempt? Yes No If Yes, please attach the applicable certificate(s). NOTE: If certificates are not provided, you will be charged applicable tax

Accounts Payable Contact _____ E-Mail Address _____

Accounts Payable Phone Number (____) _____ Controller/CFO _____

Bonding Company Name _____ Address _____

City _____ State _____ Zip _____

TRADE REFERENCES

(1) Company Name _____ Account # _____

Addr _____ City _____ ST _____ Zip _____

Contact _____ Phone # (____) _____ Fax # (____) _____

(2) Company Name _____ Account # _____

Addr _____ City _____ ST _____ Zip _____

Contact _____ Phone # (____) _____ Fax # (____) _____

(3) Company Name _____ Account # _____

Addr _____ City _____ ST _____ Zip _____

Contact _____ Phone # (____) _____ Fax # (____) _____

(4) Company Name _____ Account # _____

Addr _____ City _____ ST _____ Zip _____

Contact _____ Phone # (____) _____ Fax # (____) _____

(5) Company Name _____ Account # _____

Addr _____ City _____ ST _____ Zip _____

Contact _____ Phone # (____) _____ Fax # (____) _____



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Company's Legal Name _____

BANK REFERENCE AND BANK RELEASE

Account # _____ Name account is listed under _____
Bank Name _____ Type of Account: Checking Savings Loan/Line of Credit
Bank Address _____ City _____ State _____ Zip _____
Contact Person _____
Bank Phone Number (_____) _____ Bank Fax Number (_____) _____

CREDIT CARD INFORMATION

Card # _____ CVC2/CID code _____

Cardholder Name (as it appears on card) _____ Card Type (circle one): VISA MC AMEX Exp Date ____/____/____
Billing Address (as it appears on Credit Card Statement) _____
City _____ State _____ Zip _____

I HEREBY AUTHORIZE AMQUIP TO CHARGE THE CREDIT CARD LISTED ABOVE FOR ANY BALANCE GREATER THAN 30 DAYS PAST DUE THAT WAS NOT PREVIOUSLY DISPUTED, AND/OR AS A SECURITY DEPOSIT TO BE HELD UNTIL THE RENTAL EQUIPMENT IS RETURNED IN SUCH CONDITION AS SET FORTH IN THE RENTAL AGREEMENT.

Authorized Signature _____

PERSONAL INFORMATION OF OWNER/OFFICER/GUARANTOR

Name _____ Title/Relation to Company _____ % Owned _____
Home Address _____ City _____ ST _____ Zip _____
Home Phone # (_____) _____ Driver's License # / State Issued _____ / _____
Social Security # _____ Date of birth _____ / _____ / _____

PERSONAL GUARANTEE In order to induce AmQuip to extend credit to the company listed above, the undersigned does hereby irrevocably, unconditionally and personally guarantee to AmQuip the payment of all indebtedness and obligations of whatever nature to AmQuip as they come to be due or accelerated whether such indebtedness and obligations exist on the date of this instrument or are incurred after such date. The obligations hereunder shall be binding on the heirs, administrators, successors and assigns of the undersigned.

Signed _____ (Personally and Individually)

Name (Printed): _____ Date _____

CREDIT AGREEMENT AND TERMS OF PAYMENT

THE UNDERSIGNED APPLICANT FURNISHES THE ABOVE INFORMATION FOR THE PURPOSE OF PROCURING AND ESTABLISHING CREDIT WITH AMQUIP. SHOULD CREDIT AVAILABILITY BE GRANTED, ANY DECISIONS WITH RESPECT TO EXTENSION/CONTINUATION SHALL BE AT OUR SOLE DISCRETION, AND WE RESERVE THE RIGHT TO TERMINATE AVAILABILITY AT ANY TIME. APPLICANT REPRESENTS AND WARRANTS SAID INFORMATION IS TRUE AND COMPLETE. A PRE-PRINTED CREDIT APPLICATION IS A VALID SUBSTITUTE PROVIDED ALL QUESTIONS ABOVE ARE ANSWERED AND A SIGNATURE IS PRESENT BELOW. A PERSONAL GUARANTEE, SECURITY DEPOSIT OR FINANCIAL STATEMENTS MAY BE REQUIRED IN SOME CASES. AN INCOMPLETE APPLICATION WILL CAUSE A DELAY IN PROCESSING. TERMS OF PAYMENT ARE NET 10 DAYS. THE UNDERSIGNED UNDERSTANDS AND AGREES THAT ALL PAST DUE BALANCES ARE SUBJECT TO SERVICE CHARGES AT A RATE OF 2% PER MONTH OR THE MAXIMUM PERMITTED BY LAW. IN THE EVENT THE ACCOUNT IS PLACED FOR COLLECTION, THE UNDERSIGNED AGREES TO PAY ALL COSTS OF COLLECTION INCLUDING BUT NOT LIMITED TO ATTORNEY'S FEES, COURT COSTS AND COLLECTION AGENCY FEES IN ADDITION TO ANY OUTSTANDING AMOUNTS DUE. THE UNDERSIGNED HEREBY AUTHORIZES BANKS, TRADE CREDITORS AND CREDIT BUREAUS TO RELEASE ALL CREDIT INFORMATION REQUESTED BY AMQUIP, THEIR ASSIGNS OR REPRESENTATIVES.

Authorized Signature (Required)

Title

Print Name

Date