

**ABC EQUIPMENT RENTAL, INC.**  
2910 EAST 15<sup>th</sup> STREET • TULSA, OKLAHOMA 74104  
(918) 744-8353 FAX: (918) 744-0894

**COMMERCIAL CREDIT APPLICATION**  
**TERMS ARE NET 30 DAYS**

PLEASE PRINT

Billing Name \_\_\_\_\_ Phone \_\_\_\_/\_\_\_\_\_  
Billing Address/PO Box \_\_\_\_\_ Fax \_\_\_\_/\_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Type of Business \_\_\_\_\_  
Shipping Address \_\_\_\_\_ Year Business Started \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Proprietorship \_\_\_\_\_  
Names of Officers, Partners or Owners \_\_\_\_\_ S.S. Number \_\_\_\_\_  
\_\_\_\_\_ Partnership \_\_\_\_\_  
Cell Phone Number \_\_\_\_\_ E-mail Address \_\_\_\_\_  
Account Paid By (if other than applicant) \_\_\_\_\_ Corporation \_\_\_\_\_  
Home Office Location \_\_\_\_\_ State Incorporated \_\_\_\_\_  
Accounts Payable Contact \_\_\_\_\_ Fed. I.D.# \_\_\_\_\_  
Taxable \_\_\_\_ Non-Taxable \_\_\_\_ Tax No. \_\_\_\_\_ Anticipated Monthly Purchases from ABC \$ \_\_\_\_\_  
Purchase Orders Required Yes \_\_\_\_ No \_\_\_\_ Job Address Required Yes \_\_\_\_ No \_\_\_\_

**PLEASE LIST PERSONS (AND CELL PHONE NUMBERS) AUTHORIZED TO SIGN INVOICES:** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

REFERENCES: (PLEASE GIVE COMPLETE NAME, ADDRESS, AND PHONE NUMBER)

Bank 1 \_\_\_\_\_  
Name Street City State Zip Tel.  
Bank 2 \_\_\_\_\_  
Name Street City State Zip Tel.

List current Suppliers with whom you have open account: Please supply complete address – with zip code.

A \_\_\_\_\_  
Name Street City State Zip Tel.  
B \_\_\_\_\_  
Name Street City State Zip Tel.  
C \_\_\_\_\_  
Name Street City State Zip Tel.

The undersigned credit applicant represents and warrants that credit extended hereunder will be utilized solely for business or commercial purposes and not for personal, family, household, or agricultural purposes.

Print Name \_\_\_\_\_  
Signature \_\_\_\_\_ Title \_\_\_\_\_ Date \_\_\_\_\_