



TULSA'S TOOLBOX
— SINCE 1952 —

2910 EAST 15TH STREET
TULSA, OK 74104 - 5202
918 - 744 - 8353

COMMERCIAL CREDIT APPLICATION MUST PROVIDE PROOF OF INSURANCE FOR RENTED EQUIPMENT
Terms: Net 30 Days

Billing Name \_\_\_\_\_

Phone \_\_\_\_\_/\_\_\_\_\_

Billing Address/PO Box \_\_\_\_\_

Mobile \_\_\_\_\_/\_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Fax \_\_\_\_\_/\_\_\_\_\_

Shipping Address \_\_\_\_\_

Type of Business \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Year Business Started \_\_\_\_\_

Names of Officers, Partners, or Owners \_\_\_\_\_

Fed. I.D. # \_\_\_\_\_

\_\_\_\_\_

State Incorporated \_\_\_\_\_

Home Office Location \_\_\_\_\_

Proprietorship  Partnership

Account Paid By (if other than applicant) \_\_\_\_\_

Corporation

Accounts Payable Contact \_\_\_\_\_

Accounts Payable E-Mail Address \_\_\_\_\_

Billing Preference  Mail  Fax  Email Would you like to receive copies of contracts?  Yes  No

Purchase Orders Required  Yes  No Job Address Required  Yes  No

Anticipated Monthly Purchases from ABC \$ \_\_\_\_\_

Name/Phone Number of All Persons Authorized to Sign Invoices \_\_\_\_\_

References

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

Current Suppliers with whom you have an open account

Name Street City State Zip Tel.

Name Street City State Zip Tel.

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 \_\_\_\_\_

Email completed application to Ruthann.H@abcequipmentrental.com