A-1 Rental, Inc. 737 First Avenue SW Cedar Rapids, IA 52405 Phone: 319-363-8133

# PLEASE MAIL, EMAIL OR FAX BACK TO A-1 RENTAL Email trudi@a1rentalwest.com Fax: 319-363-6021

## **CREDIT APPLICATION**

## PLEASE NOTE CREDIT CARD REQUIRED FOR APPROVAL

Business Name		
Name Of Applicant		# Employees
Type of Business		Years in Business
Billing Address		
City/State/Zip		
E-Mail Address		
E	mail addresses will be used to send Invo	oices and Statements.
Phone (W)	Phone (H)	Fax #
Local Address		
City/State/Zip		
Social Security # / Federal I.D	.#	
Name(s) of Individual(s) Allow	ved To Charge On This Account	
Do you require a P.O.# or JOE	# on your invoices?	
Name of Insurance Company _		
Address		
How did you hear about us?		

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#### www.a1rentalwest.com

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### **CREDIT APPLICATION**

## **<u>CREDIT REFERENCES</u>** (Suppliers only please)

Name	Phone #		
Address	F	Fax #	
City	State	Zip	
Contact Person:			
Name		Phone #	
Address		Fax #	
City	State	Zip	
Contact Person:			
Name		Phone #	
Address		_ Fax #	
City	State	Zip	
Contact Person:			
In making this application for credit it is under with third parties such as business associates, fina and general credit reputation.  If credit is approved, applicant agrees to pay ald delinquent accounts (over 30 days). Applicant ag	it to any applicant and retains the right to close of stood that an investigative report will be made of uncial sources, and creditors. This inquiry included legal fees if collection action becomes necessarees to be responsible for, and to pay for all rental sources.	whereby information is obtained through contact des information as to the applicant's credit capacity ary. Applicant agrees to pay a service charge on	
By my signature below, I agree to the following c  All accounts are due and payable 30 days aft			
Print full name		<u> </u>	
Signature	Title	Date	

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