



CENTRAL CONTRACTORS SERVICE, INC.

CRANE AND CONSTRUCTION EQUIPMENT RENTALS ESTABLISHED 1946

CREDIT APPLICATION

Date Business Name Address City State Zip Telephone Fax Type of Business Fed ID # Sales Tax # Years in Business Sales Tax Exempt Yes No Do You Require P.O. # on Invoice Yes No Accounts Payable Contact

PRINCIPAL OWNER

Name Address City, State Zip Telephone

CREDIT REFERENCES (Must Include Equipment Rentals)

Company Name Telephone Company Name Telephone Company Name Telephone

BANK INFORMATION

Bank Name Telephone Address Account #

TERMS: FIRST TIME RENTALS PAY IN ADVANCE, THEREAFTER NET 10 DAYS. ALL INVOICES ARE DUE AND PAYABLE NET 10 DAYS FROM DATE OF INVOICE. ALL BARE RENTALS DO NOT INCLUDE: INSURANCE, FUEL OR DAMAGES DUE TO ABUSE. CENTRAL CONTRACTORS SERVICE, INC. RESERVES THE RIGHT TO BILL FOR DAMAGES IN A REASONABLE TIME AFTER EQUIPMENT HAS BEEN RETURNED TO OUR SHOP. ALL CLAIMS AGAINST RENTALS OR OTHER CHARGES MUST BE MADE WITHIN 30 DAYS FROM DATE EQUIPMENT IS TAKEN OFF RENT.

A FINANCE CHARGE OF 1.5% per month which is 18% per annum will be charged on all past due accounts. I agree to all terms and conditions of sale. Terms and conditions are subject to change without notice. Applicant agree to pay all costs of collection, including court costs and a reasonable attorney's fee in case suit or collection action is commenced to collect all or part of this account. I hereby give authorization to the reference listed above to release requested credit information.

Date Signed (Authorized Representative)

Title Print Name

Personal Guarantee

WE, THE UNDERSIGNED will be personally and individually responsible for all debts incurred by the above company, by ourselves or our representatives. We acknowledge that we are signing not only our business capacity, but individually to personally guarantee all account indebtedness.

Signed Signed Print Name Print Name



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FAX COVER SHEET

Date _____

TO:

Business Name **Central Contractors Service, Inc.**

P.O.C. **John Martello**

Telephone **708-239-7940**

Fax **708-385-6035**

FROM:

Business Name _____

P.O.C. _____

Telephone _____

Fax _____

Subject _____