

DEAN'S RENT-ALL

13 RAILROAD STREET
BROWNSBURG, IN 46112
PHONE: 317-852-2192
FAX: 317-852-2291

APPLICATION FOR CREDIT

DATE: ____/____/____

BUSINESS NAME: _____

STREET ADDRESS: _____ P.O. BOX: _____

CITY: _____ STATE: _____ ZIP CODE: _____

BUSINESS PHONE:(____) _____ FAX:(____) _____ CELL:(____) _____

TYPE OF BUSINESS: _____

DATE BUSINESS ESTABLISHED: ____/____/____ ENGAGED IN BUSINESS OF: _____

IS PRESENTLY _____ CORP. OF THE STATE OF _____ PARTNERSHIP _____ PROPIETORSHIP _____

FEDERAL ID# _____ SOCIAL SECURITY # _____ - _____ - _____

ACCOUNTS PAYABLE MANAGER: _____ PHONE#(____) _____

BANK NAME: _____ ACCOUNT# _____

ADDRESS: _____ CITY _____ STATE _____ ZIP CODE _____

PHONE # (____) _____ CONTACT NAME: _____

OWNERS AND / OR OFFICERS

NAME: _____ ADDRESS: _____

CITY: _____ STATE: _____ ZIP _____ PHONE:(____) _____

NAME: _____ ADDRESS: _____

CITY: _____ STATE: _____ ZIP _____ PHONE:(____) _____

CREDIT REFERENCES

NAME: _____ ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

PHONE #:(____) _____ FAX #:(____) _____

NAME: _____ ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

PHONE #:(____) _____ FAX #:(____) _____

NAME: _____ ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

PHONE #:(____) _____ FAX #:(____) _____

PERSONS ALLOWED TO CHARGE ON THIS ACCOUNT

NAME: _____ NAME: _____

NAME: _____ NAME: _____

NAME: _____ NAME: _____

NAME: _____ NAME: _____

WILL YOUR COMPANY USE PURCHASE ORDERS? _____ YES _____ NO
AND/OR A JOB ID NUMBER _____ YES _____ NO

FORM MUST BE FILLED OUT COMPLETELY TO BE ELIGIBLE FOR ACCOUNT SETUP

BILLING INSTRUCTIONS

CUSTOMER RECEIVES A DUPLICATE COPY OF EACH BILLED INVOICE PER EACH 30 DAY BILLING BOOKS CLOSE THE 30TH OF EACH MONTH, STATEMENTS MAILED THEREAFTER

TERMS OF PAYMENT

**I WE, OR EITHER OF US REQUEST A CREDIT ACCOUNT WITH DEAN’S RENT-ALL AND FURTHERMORE AGREE TO THE “TERMS” AND CONDITIONS AS STATED ON THIS APPLICATION OUR “TERMS” ARE NET 10-DAYS OF DATED STATEMENT. STATEMENTS ARE PAYABLE TO DEAN’S RENT-ALL – 13 RAILROAD STREET – BROWNSBURG, IN 46112
PAYMENTS MUST BE IN U.S. DOLLARS**

**PAST DUE ACCOUNTS SUBJECT TO A LATE CHARGE OF 1 ½% PER MONTHS.
ACCOUNTS THAT ARE 45 DAYS PAST DUE WILL RECEIVE A REMINDER PHONE CALL, AFTER 60 DAYS PAST DUE WILL BE SENT TO OUR COLLECTION AGENCY UNLESS OTHER ARRANGEMENTS HAVE BEEN MADE**

BY SIGNING THIS CREDIT APPLICATION OF DEAN’S RENT-ALL, I HEAR-BY CERTIFY THAT I HAVE READ AND UNDERSTAND THE TERMS AND CONDITIONS AND GIVE MY AUTHORIZATION TO OBTAIN A CREDIT REPORT IF NEEDED.

SIGNED BY: _____
NAME TITLE DATE

FOR AND IN CONSIDERATION OF THE EXTENSION OF CREDIT TO:

(COMPANY NAME)

IT IS UNDERSTOOD THAT THIS GUARANTY AGREEMENT IS TO APPLY TO ANY AND ALL RENTALS OR MERCHANDISE SOLD TO SAID COMPANY DURING THE PERIOD BEGINNING WITH THE DATE HEREOF AND EXTENDING TO A TIME WHEN WRITTEN NOTICE OF THE CANCELLATION HEREOF SHALL HAVE BEEN RECEIVED BY DEAN'S RENT-ALL BY REGISTERED MAIL, SHALL COVER ANY SUCH PURCHASES MADE UPON OPEN ACCOUNT, INCURRED DURING THE PEIOD OF THIS GUARANTY. IN THE EVENT IT BECOMES NECESSARY TO ENFORCE THE TERMS HEREOF GUARANTORS AGREE TO PAY ALL COST OF COLLECTION INCLUDING A REASONABLE TO ATTORNEY'S FEE.

DATED THIS _____ DAY OF _____ 20_____

SIGNATURE WITHOUT TITLE: X _____

X _____

IF HYOUR COMPANY IS A TAX EXEMPT FILER, PLEASE COMPLETE THE FORM ST-105 BELOW

INDIANA GENERAL SALES TAX EXEMPTION CERTIFICATE

NAME _____ ACCOUNT NO. _____

ADDRESS _____ DATE _____

_____ BLANKET _____ SINGLE PURCHASE DESCRIPTION OF ARTICLES _____

_____ SALE TO RETAILER, WHOLESALER OR MANUFACTURER FOR RESALE ONLY.

_____ SALE OF MANUFACTURING MACHINERY, TOOLS AND EQIPMENT TO BE USED DIRECTLY IN DIRECT PRODUCTION.

_____ SALES TO NOT-FOR-PROFIT ORGANIZATIONS, CLAIMING EXEMPT PURSUANT TO BULLETIN#10 NOTE: MANY PURCHASES BY NOT-FOR-PROFIT ORGANIZATIONS ARE SUBJECT TO SALES TAX; THEREFORE, PURCHASER IS CAUTIONED TO READ BULLETIN #10 BEFORE SIGNING THIS CERTIFICATE.

_____ SALES TO GOVERNMENTAL UNITS.

_____ OTHER (EXPLAIN) _____

I HEREBY CERTIFY UNDER THE PENALTIES OF PERJURY, THAT THE PROPERTY THAT IS TO BE PURCHASED BY THE USE OF THIS EXEMPTION CERTIFICATE IS TO BE USED FOR AN EXEMPT PURPOSE PURSUANT TO THE STATE GROSS RETAIL SALES TAX ACT.

SIGNED: _____

TITLE: _____

COMPANY EXEMPTION CERTIFICATES ARE NOT VALID FOR PERSONAL PURCHASES

