

APPLICATION FOR CREDIT

COUNTRY CORNERS RENT-ALL INC.

586 Main Street South, EXETER, Ontario N0M 1S1

Sales • Rentals • Service

Telephone: 519-235-3456 (Rental ext. 1) Rental Fax: 519-235-1632
 Toll Free: 1-800-265-2901 Accounting Fax: 519-235-0770 ccrrental@bellnet.ca
www.countrycorners.net



LEGAL COMPANY NAME IN FULL PLEASE PRINT OR TYPE **DATE OF APP**

TRADE NAME SAME <input type="checkbox"/> OR					PROPRIETORSHIP <input type="checkbox"/>
					PARTNERSHIP <input type="checkbox"/>
					CORPORATION <input type="checkbox"/>

ADDRESS	STREET	UNIT NO.	CITY	PROVINCE	POSTAL CODE
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NOTE IF ABOVE IS A P.O. BOX ADDRESS, PLEASE FILL IN ACTUAL LOCATION ADDRESS FOR DELIVERY			TEL. NO. (INCL. AREA CODE)	FAX NO. (INCL. AREA CODE)
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EMAIL	WEB ADDRESS	CELL NUMBER
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TYPE OF BUSINESS

<input type="checkbox"/> LANDSCAPING	<input type="checkbox"/> MANUFACTURING	<input type="checkbox"/> HOMEOWNER
<input type="checkbox"/> GENERAL CONTRACTOR	<input type="checkbox"/> INDUSTRIAL/COMMERCIAL BUILDER	<input type="checkbox"/> FARMING

NUMBER OF EMPLOYEES _____	ESTIMATED ANNUAL RENTAL VOLUME \$ _____	DATE OF INCORPORATION _____	CREDIT AMOUNT REQUESTED \$ _____
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PRINCIPALS **CONTACTS**

NAME IN FULL _____			FINANCE/ ADMINISTRATION _____		
			ACCOUNTS PAYABLE _____		
			PURCHASING _____		
			PROJECT/JOB MANAGER _____		
RESIDENTIAL ADDRESS _____ CITY _____ POSTAL CODE _____					
DRIVERS LICENSE NUMBER _____			TEL. NO. (INCL. AREA CODE) _____		

NAME IN FULL _____			Company or Principal's Credit Card		
			Card #: _____ Type: _____		
			3 Digits on Card Back: _____ Expiry Date: _____		
			Name on card: _____		
RESIDENTIAL ADDRESS _____ CITY _____ POSTAL CODE _____					
DRIVERS LICENSE NUMBER _____			TEL. NO. (INCL. AREA CODE) _____		
			CARDHOLDER'S SIGNATURE _____		
			I/we authorize this credit card to pay for the 1st rental and to pay for any future rentals that are outstanding on the account after 45 days.		

RENTAL INSTRUCTIONS

<input type="checkbox"/> OBTAIN WRITTEN P.O. ONLY	<input type="checkbox"/> SHOW JOB SITE ON INVOICE
<input type="checkbox"/> PHONE OFFICE FOR AUTHORIZATION AND/OR P.O.	<input type="checkbox"/> OTHER INSTRUCTIONS (SPECIFY) _____
<input type="checkbox"/> RENT ONLY TO _____	

INSURANCE DETAILS MUST BE PROVIDED, SINCE LOSS OR DAMAGE OF EQUIPMENT IS THE LESSEE'S RESPONSIBILITY.

Insurance Company: _____	Policy #: _____
Agent's Name: _____	Expiry Date: _____

BANK REFERENCE

NAME	ADDRESS	TEL. NO. (INCL. AREA CODE)	ACCOUNT NO.
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LIST THREE REFERENCES YOU HAVE ESTABLISHED CREDIT WITH

THIS REFERENCE SECTION MUST BE COMPLETED IN ORDER TO PROCESS YOUR APPLICATION WITHOUT DELAY

COMPANY NAME	ADDRESS	TEL. NO. (INCL. AREA CODE)	FAX NO. (INCL. AREA CODE)
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I hereby represent that I am authorized to submit the application for credit on behalf of the customer named above. I/we hereby authorize Country Corners Rent-All Inc. to investigate references listed pertaining to my/our credit and financial responsibility.

I, the undersigned (A) certify all the information provided to be true & complete, (B) authorize and consent to the provision of account information and credit information from and to Credit Grantors, Credit Bureaus, and Suppliers of Service, (C) acknowledge and agree to abide by the terms and conditions set out on the reverse side of the rental contract.

NAME (PLEASE PRINT)	SIGNATURE	TITLE	DATE
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