



Milton Rents, Inc.
 Main Office: 509 Main Street
 Gorham, NH 03581
 603-752-5588

Business Credit Application

Application Date:

Milton Rents Sales Rep:

COMPANY INFORMATION			
<input type="text"/>	<input type="text"/>	<input type="text"/>	
Legal Name of Business	Phone	Fax	
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Business Address	City	State	Zip
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Business Address (if different)	City	State	Zip
<input type="text"/>	<input type="text"/>		
Accounts Payable Contact	Fax Number or Email Address		

TYPE OF BUSINESS			
State of: <input type="text"/>	Corporation <input type="checkbox"/>	Partnership <input type="checkbox"/>	Sole Proprietor <input type="checkbox"/>
Other <input type="text"/>	Date of Company Formation <input type="text"/>		
Federal ID # (or SS# for sole proprietor) <input type="text"/>	Date Incorporated <input type="text"/>	State <input type="text"/>	
Do you trade, or have you traded under another company name? Yes <input type="checkbox"/>	No <input type="checkbox"/>	If yes, list name of company. <input type="text"/>	
Are you a member of a Buying Group? Yes <input type="checkbox"/>	No <input type="checkbox"/>	If yes, Name of Group: <input type="text"/>	
Are you tax exempt? Yes <input type="checkbox"/>	No <input type="checkbox"/>	If yes, Attach Certificate with application.	
If you are renting equipment for a Specific Tax Exempt Project, please attach tax exempt certificate with application.			

COMPANY OWNER / OFFICERS / PRINCIPALS / MEMBER (All must be named)			
1. Name <input type="text"/>	Title <input type="text"/>	% of Ownership <input type="text"/>	
Home Address <input type="text"/>	City <input type="text"/>	State <input type="text"/>	Zip <input type="text"/>
Home Phone # <input type="text"/>	Cell Phone # <input type="text"/>	DOB <input type="text"/>	Drivers Lic # <input type="text"/>
State <input type="text"/>			
2. Name <input type="text"/>	Title <input type="text"/>	% of Ownership <input type="text"/>	
Home Address <input type="text"/>	City <input type="text"/>	State <input type="text"/>	Zip <input type="text"/>
Home Phone # <input type="text"/>	Cell Phone # <input type="text"/>	DOB <input type="text"/>	Drivers Lic # <input type="text"/>
State <input type="text"/>			
3. Name <input type="text"/>	Title <input type="text"/>	% of Ownership <input type="text"/>	
Home Address <input type="text"/>	City <input type="text"/>	State <input type="text"/>	Zip <input type="text"/>
Home Phone # <input type="text"/>	Cell Phone # <input type="text"/>	DOB <input type="text"/>	Drivers Lic # <input type="text"/>
State <input type="text"/>			



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BANK REFERENCES

1. Bank Name & Address

Account # Checking Saving Other

Bank Contact Phone # Fax # or Email Address

2. Bank Name & Address

Account # Checking Saving Other

Bank Contact Phone # Fax # or Email Address

TRADE REFERENCES (Please provide three)

(must include fax # or contact email otherwise application cannot be processed - Please do not use other Rental Companies as reference)

1. Name/Address

Contact Person Account #

Phone Fax # Email Address

2. Name/Address

Contact Person Account #

Phone Fax # Email Address

3. Name/Address

Contact Person Account #

Phone Fax # Email Address

By signing below & submitting this application, you are authorizing Milton Rents, Inc., to make inquiries into the banking and trade references that you have provided in this application.

Authorized Signature Date

Print Name Title

***Please send credit application and attachments to our Main Office via US Mail or via FAX #603-752-7277 ATTN Credit Dept
 Any questions, please contact our Office at 603-915-0628 OR AR@proquiprentals.com***



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PERSONAL GUARANTEE

In order to induce the extension of credit, the undersigned personally guarantees payment of any and all debts incurred by company hereunder and is a continuing guaranty of any and all debts now existing and hereafter incurred. This guarantee shall bind the undersigned, and his/her representatives, executors, estates, administrators, successors or assignees. In the event that there is more than one debtor to this guarantee, they shall be jointly and severally liable. It is further agreed that this applicant and guaranty shall continue its liability notwithstanding any change in organization, corporate set up or partnership change unless change is made by way of new and approved application. The use of my title, if any, as part of my signature, is only to identify my position in said company and in no way negates my personal guaranty.

Signed	<input type="text"/>	Title	<input type="text"/>
Print Name	<input type="text"/>	Title	<input type="text"/>
Signed	<input type="text"/>	Title	<input type="text"/>
Print Name	<input type="text"/>	Title	<input type="text"/>

POLICY STATEMENT – Credit & Collection

APPLICATION

In order to be considered for an open credit account this application and all supporting documents MUST be completely filled out and legible.

A COMPLETE CREDIT APPLICATION MUST INCLUDE THE FOLLOWING:

- Completed Application
- W-9 Form
- Signed Personal Guarantee
- Tax Exempt Certificate (If Applicable)
- Certificate of Insurance (Per Proquip Requirements - attached)

PAYMENTS

Invoices are due in full on or before Due Date on Invoices. Please specify preferred method of receiving invoices.

Mail Email Address:

PAST DUE ACCOUNTS

Accounts beyond our terms are subject to a "Credit Hold" or "Prepay Status" until satisfactory arrangements have been made with our credit dept. All Past Due accounts are subject to a 1.5% monthly finance charge. If account is placed in collections, all legal fees and collections costs incurred will be the customer's responsibility. By signing below, customer does hereby agree to all conditions of the above policy statement for consideration and extension of credit by Milton Rents, Inc.

Company Name

Authorized Signature Date

Print Name Title

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