

3337 Fortuna Dr.  
Akron, OH 44312  
Phone: (330) 645-0555  
Fax: (330) 645-0996

## APPLICATION FOR CREDIT

Date \_\_\_\_\_

Name \_\_\_\_\_

Street Address \_\_\_\_\_

Mailing Address \_\_\_\_\_

City / State / Zip \_\_\_\_\_

Telephone Number \_\_\_\_\_

Fax Number \_\_\_\_\_

Corporation ( ) Partnership ( ) Sole Owner ( )

Owner/Principal \_\_\_\_\_

Home Address \_\_\_\_\_

City / State / Zip \_\_\_\_\_

Home Telephone \_\_\_\_\_

### REFERENCES:

Name \_\_\_\_\_

Address \_\_\_\_\_

City / State / Zip \_\_\_\_\_

Telephone \_\_\_\_\_ Fax \_\_\_\_\_

Name \_\_\_\_\_

Address \_\_\_\_\_

City / State / Zip \_\_\_\_\_

Telephone \_\_\_\_\_ Fax \_\_\_\_\_

Name \_\_\_\_\_

Address \_\_\_\_\_

City / State / Zip \_\_\_\_\_

Telephone \_\_\_\_\_ Fax \_\_\_\_\_

**BANK REFERENCES:**

Name of Bank \_\_\_\_\_

Address \_\_\_\_\_

City / State / Zip \_\_\_\_\_

Telephone \_\_\_\_\_

Contact \_\_\_\_\_

**CHECK APPROPRIATE BOXES:**

Is a Purchase Order required?                      (   ) Yes      (   ) No

Is a job location required?                      (   ) Yes      (   ) No

Are you Tax-Exempt?                              (   ) Yes      (   ) No

**NOTE:** Sales Tax must be charged unless a signed exemption certificate accompanies this application.

By signing this credit application, I agree to the following: **SULLY'S RENT ALL'S** billing date is the 30<sup>th</sup> of the month. Applicant agrees to make full payment by the 15<sup>th</sup> of the next month. Any amount not paid within 30 days of the billing date will be subject to a 2% service charge. I understand that service charges must be paid. If this account becomes 60 days past due, the account will be placed on a cash in advance basis immediately without notice.

**Signature** \_\_\_\_\_