



## BUSINESS CREDIT APPLICATION

PH: (610) 372-4540 FAX: (610) 372-4399

### BUSINESS CONTACT INFORMATION

|  |  |  |  |
|--|--|--|--|
| Company Name                                   |  | Number of Permanent Employees  |  |
| Contact/Title                                  |  | <input type="checkbox"/> Sole proprietorship<br><input type="checkbox"/> Partnership<br><input type="checkbox"/> Corporation<br><input type="checkbox"/> Other |  |
| Phone   Fax                                    |  |  |  |
| E-mail   |  |  |  |
| Registered Company Address<br>City, State, ZIP |  |  |  |

### BUSINESS AND CREDIT INFORMATION

|                              |  |                                  |   |
|------------------------------|--|----------------------------------|---|
| Date Business Commenced      |  | Bank Name:                       |   |
| How long at current address? |  | Bank Address<br>City, State, ZIP |   |
| Phone                        |  | Phone                            |   |
| Fax                          |  | Account number                   |   |
| E-mail                       |  | Type of account                  | <input type="checkbox"/> Savings <input type="checkbox"/> Checking <input type="checkbox"/> Other |

### BUSINESS/TRADE REFERENCES

|                      |  |              |  |
|----------------------|--|--------------|--|
| Company Name         |  | Phone        |  |
| Contact/Title        |  | Fax          |  |
| Address              |  | E-mail       |  |
| City, State ZIP Code |  | Supplier of: |  |
| Company Name         |  | Phone        |  |
| Contact/Title        |  | Fax          |  |
| Address              |  | E-mail       |  |
| City, State ZIP Code |  | Supplier of: |  |
| Company Name         |  | Phone        |  |
| Contact/Title        |  | Fax          |  |
| Address              |  | E-mail       |  |
| City, State ZIP Code |  | Supplier of: |  |

### AGREEMENT

- All invoices are to be paid 30 days from the date of the invoice.
- By submitting this application, you authorize **Fisher's Rental** to make inquiries into the banking and business/trade references that you have supplied.

### SIGNATURES

|                |  |                |  |
|----------------|--|----------------|--|
| Signature      |  | Signature      |  |
| Name and Title |  | Name and Title |  |
| Date           |  | Date           |  |



2698 Bernville Road, Reading, PA, 19605  
(610) 372-4540 ● Fax (610) 372-4399

BELOW, PLEASE NAME THOSE AUTHORIZED TO SIGN FOR EQUIPMENT ON RENTAL OR SALES CONTRACT:  
(If not filled in, you will be responsible for anyone signing on this account.)

Please include cell phone numbers if applicable.

\_\_\_\_\_  
\_\_\_\_\_

Are purchase orders required?  Yes  No

Are job numbers/name required?  Yes  No

### Business Account Terms and Conditions

**PARTIES HEREBY AGREE THAT ALL PURCHASES MADE ARE SUBJECT TO THE FOLLOWING CONDITIONS:**

1. The undersigned purchaser hereby agrees that all amounts due for goods and services purchased from Fisher's Rental Center, Inc. are payable at the location: **Fisher's Rental Center, Inc., 2698 Bernville Road, Reading, PA 19605.**
2. The undersigned purchaser hereby agrees to pay service charges on accounts over 30 days past due. These service charges will accrue at the rate of 1.5% per month (18% per annum or the maximum allowed by law).
3. The undersigned purchaser agrees to pay, in the event his account becomes delinquent and is turned over to any collection agency or attorney for collection, collection fees and/or attorney fees not exceeding 30% plus court costs, serving costs and/or any other miscellaneous expenses incurred, as a result of, the purchaser's failure to pay.
4. The parties hereby acknowledge that the goods and/or services purchased from Fisher's Rental Center, Inc. are not payable in installments, but are payable in full as stated herein.

**Company Name** \_\_\_\_\_

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

**Title** \_\_\_\_\_

**Date** \_\_\_\_\_