



APPLICATION FOR CREDIT

General Rent-All Inc
2326 Lincoln Way E
Massillon OH 44646

Phone: 330-837-3531

Fax: 330-833-1983

Name of Company or Individual: _____

Address _____ City _____

State _____ Zip Code _____ Phone (____) _____ Fax: (____) _____

Mailing Address if different from above:

Address: _____ State: _____ Zip Code: _____

Please provide the following information:

Type of Business _____ Years in business: _____ Years at this location _____

Check one:

Corporation: _____ Partnership: _____ Individual: _____ Other: _____

Date of incorporation: _____ Federal ID # _____

Name of Principals:

1. Name _____ Address _____

Phone # _____ DOB: _____ Social Security # _____

2. Name _____ Address _____

Phone #: _____ DOB: _____ Social Security #: _____

Person in charge of Accounts Payable: _____ Phone: (____) _____

References:

Name: _____ Address: _____ Fax: (____) _____

Name: _____ Address: _____ Fax: (____) _____

Name: _____ Address: _____ Fax: (____) _____

Require PO? _____ Taxable? _____ Authorized People to Rent? _____

Name of Bank: _____ Address: _____

Phone: (____) _____ Contact Person: _____

Checking: _____ Savings: _____ Loan: _____ Other: _____

Our Terms: Net 30 days from the date of the completed contracted. A statement will be sent at the end of each month.

We certify that all information provided above is correct. We understand your terms and agree to pay accordingly.

Signed _____

Name

Title

Date

Printed Name: _____

