

APPLICATION FOR COMMERCIAL ACCOUNT (CONFIDENTIAL CREDIT INFORMATION)

Please complete fully and sign to be considered for credit.



Business Name _____

Address _____

Trade Name (DBA) _____

City, State, ZIP _____

Phone Number (with area code) _____

Fax Number (with area code) _____

Business Facts

Proprietorship Partnership Corporation

Federal Tax ID# _____

Previous Business Name _____

Length Of Time In Business _____ YEARS

Bldg/Facilities Owned Leased Rented

Mortgage Holder (Name) _____

Lessor / Renter (name) _____

Have You Ever Filed For Bankruptcy? Yes No

If Yes, Date _____

Duns No. _____

Corporate Officer Information

Accounts Receivable Information

Name and Title _____

Accounts Payable Contact _____

Home Address _____

Accounts Payable Phone Number _____

City, State, Zip _____

Purchasing Agent _____

Home Phone _____

Purchase Order Number Required? Yes No

Social Security No. _____

Driver's License No. _____

Tax Exempt? No Yes (if yes, please return proper forms & numbers)

Trade References (preferably other rental companies)

Name	Address	Phone
1. _____	_____	_____
2. _____	_____	_____
3. _____	_____	_____

Terms Agreement

The undersigned ("Purchase / Lessee") agrees that all purchases made by ("Purchaser / Lessee") from Wistar Equipment, Inc. or any of it's subsidiaries and affiliated entities ("Seller / Lessor") are subject to the following terms and conditions:

**In making this application for commercial credit, we understand and agree to your terms of payment Net 30 days on approved accounts. Service charge of 2% per month on all invoices/contracts not paid within 30 days.

**If credit is granted and collection thereof requires the assistance of attorneys, I/we agree that you reserve the right to bring legal action in whatever jurisdiction you deem necessary. In the event Wistar Equipment, Inc. finds it necessary to turn over my/our account to a collection agency or an attorney, we agree to pay all costs and expenses of collection, including but not limited to attorney fees and expenses.

**We authorize Wistar Equipment, Inc. to make whatever credit inquiries it deems necessary in connection with this application.

**The corporation / partnership agrees that whoever signs this application for credit is authorized to do so unless Wistar Equipment, Inc. is otherwise notified in writing.

**A certificate of insurance listing Wistar Equipment, Inc. as the "loss payee" must be provided or a 10% damage waiver will be charged on all rentals.

Officer's Signature _____

Title _____

Print Officer's Name _____

Date Of Application _____

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