

HANDY TOOL RENTAL CREDIT APPLICATION

FAX TO: 513-521-5614

NAME _____ TELEPHONE# _____ FAX# _____

ADDRESS _____

CITY _____ STATE _____ ZIP _____

ACCOUNTS PAYABLE CONTACT _____ LENGTH OF TIME IN BUSINESS _____

PRINCIPAL OWNERS _____ SOCIAL SECURITY _____

____ CORPORATION ____ PROPRIETORSHIP ____ PARTNERSHIP IF PROPRIETORSHIP OR PARTNERSHIP
CONTINUE

HOME ADDRESS _____ TELEPHONE# _____

DRIVERS LICENSE #/STATE _____ DATE OF BIRTH _____

DO YOU REQUIRE P.O. NUMBERS? _____ JOB LOCATIONS? _____

PLEASE LIST ANY AUTHORIZED SIGNERS _____

DO YOU WANT TO BE COVERED BY DAMAGE WAIVER, 8% CHARGE OF RENTAL? _____

BANK NAME _____ TELEPHONE # _____ FEDERAL ID # _____

ADDRESS _____ CONTACT PERSON _____

BUSINESS REFERENCES _____

NAME _____ CONTACT PERSON _____

ADDRESS _____ TELEPHONE# _____

NAME _____ CONTACT PERSON _____

ADDRESS _____ TELEPHONE# _____

NAME _____ CONTACT PERSON _____

ADDRESS _____ TELEPHONE# _____

TERMS NET 30 DAYS. PAST DUE ACCOUNTS BEAR LATE CHARGE OF 1.5% PER MONTH.

I AUTHORIZE HANDY TOOL RENTAL TO CHECK MY CREDIT. APPLICANT'S SIGNATURE _____

DATE _____

I HEREBY PERSONALLY GUARANTY THE PAYMENT OF THE ACCOUNTS AS STATED ABOVE.

SIGNATURE _____ DATE _____ SOCIAL SECURITY _____