

**NEED IT?
RENT IT!**



Company Name: _____ Applicants Name: _____ Title : _____
Street Address: _____ City _____ State: _____ Zip Code: _____
Billing Address if different: _____ City : _____ State: _____ Zip Code: _____
Business Phone: _____ Home Phone: _____ Mobile Phone : _____ Fax Number: _____
E mail : _____
Drivers License Number: _____ State: _____ Exp Date: _____ Social Security # : _____
Birth Date: _____
Contractors License # _____ State Issued: _____ Business Type: _____
Date Established: _____ City: _____ State: _____ Zip: _____

TERMS OF THIS AGGEMENT

Our Payment terms are net 10days from statement date.

All accounts 30 days past due will be subject to liens at the appropriate time, and or COD basis.

1. With in the last 5 years, has applicant or principal owners of applicant, filed for bankruptcy under any Chapter of the Bankruptcy Code? No Yes If yes please explain.

2. Have you ever had an account with us before? No Yes

A .If Yes, under what name? _____

3. Do you have insurance on rented equipment? NO YES .

A. If YES, please enclose a copy or have your insurance agent send a copy .

B. If NO, I understand that a damage waiver of 10% will be added to each rental. **Signed:** _____

REFERENCES

Bank Name: _____ Checking Savings Loan

Address: _____ City: _____ State: _____ Zip: _____

Phone: _____ Contact: _____

Open Accounts Showing 2 or More Years

Name: _____ Phone: _____

Name: _____ Phone: _____

Name: _____ Phone: _____

Name: _____ Phone: _____

Name: _____ Phone: _____

PERSONS AUTHORIZED TO SIGN

Note . . only these people may sign without authorization from principal

Name: _____ Name: _____

Name: _____ Name: _____

Name: _____ Name: _____

Name: _____ Name: _____

Do you require a Purchase Order Number ? YES NO Job Number ? YES NO

Are you a tax exempt City or School District? YES NO Tax Number _____

Please attach copy of Sales tax Exemption Form

You Must Sign the Personal Guarantee for us to process this form.

PERSONAL GUARANTEE

The under signed agrees to pay all invoices upon receipt and further, that in the event this account is not paid when due, then the under signed agrees to pay all costs of collection including Lien fees, and attorneys fees whether or not legal proceeding are actually instituted. The under signed agrees that 2% per month of the outstanding balance shall accrue on any unpaid amounts. Further, I personally guarantee and agree to indemnify A Ace Rents, Inc. for any and all costs incurred, including but not limited to: (1) the actual cost of equipment or services, (2) any interest charges, and (3) any cost of collection.

The under signed agrees if they have non English speaking employees., they accept the responsibility and duty to explain the operation and safety features of anything rented from Ace Rents, Inc.

Signed: _____ **Social Security #:** _____ **Date:** _____