



Corporations, Partnerships, Proprietorships

Type of Organization
Partnership ☐ Proprietorship ☐ Corporation ☐

Incorporated under the State law of: _____ Federal I.D.#: _____

Date of Incorporation: _____ Type of Corporation: _____

OWNERS INFORMATION

Name: _____
Title: _____
Address: _____
City: _____ State: _____ Zip: _____
Home Phone: _____
Cell Phone: _____
Drivers License #: _____
State: _____ Exp Date: _____
Social.Security #: _____
Birth Date: _____

Name: _____
Title: _____
Address: _____
City: _____ State: _____ Zip: _____
Home Phone: _____
Cell Phone: _____
Drivers License #: _____
State: _____ Exp Date: _____
Social.Security #: _____
Birth Date: _____

Name: _____
Title: _____
Address: _____
City: _____ State: _____ Zip: _____
Home Phone: _____
Cell Phone: _____
Drivers License #: _____
State: _____ Exp Date: _____
Social.Security #: _____
Birth Date: _____

Name: _____
Title: _____
Address: _____
City: _____ State: _____ Zip: _____
Home Phone: _____
Cell Phone: _____
Drivers License #: _____
State: _____ Exp Date: _____
Social.Security #: _____
Birth Date: _____

You Must Sign this before we will process this form.

I hereby certify that I am empowered by appropriate documentation including, but not limited to minutes authorizing me to bind the above corporation to this agreement. Further, I personally guarantee and agree to indemnify A Ace Rents, Inc. For any and all costs incurred by the corporation, including but not limited to: (1) the actual cost of equipment or services, (2) any interest charges, and (3) any cost of collection including lien fees and attorney’s fees.

Signed: _____ Title: _____ Date: _____

FOR ACE RENTS USE ONLY

Approved by: _____ DATE: _____

COMMENTS: _____

Entered into Computer ☐



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 AGGREMENT

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 15% 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:** _____