

MERCERS CREDIT APPLICATION
PLEASE FILL OUT COMPLETELY AND FAX TO 734 676 8644
PROCESSING OF THE APPLICATION DEPENDS ON HOW QUICK YOUR REFERENCES
RESPOND TO US

Company name:			
Phone: ()	Fax: ()	E-mail:	
Registered company address:			
City:	State:	ZIP Code:	
Date business commenced:			
At Present Address Since:			
Principle Line Of Work:			
*Liability/Theft Insurance Carrier:			
*Please note we will need to have a certificate of insurance on file:			
Tax Exempt#:			
Sole proprietorship:	Partnership:	Corporation:	Other:

BUSINESS AND CREDIT INFORMATION:

Principal Members of Firm:			
Name:	Title:	Phone: ()	
Home Address:	City:	State:	Zip:
Name:	Title:	Phone: ()	
Home Address:	City:	State:	Zip:
Primary business address:			
City:	State:	ZIP Code:	
How long at current business address?			
Phone: ()	Fax: ()	E-mail:	
Bank name:			
Bank address:	Phone: ()		
City:	State:	ZIP Code:	
Type of account	Account number		

PLEASE LIST FOUR OPEN ACCOUNT/TRADE REFERENCES :(RENTAL STORES PREFERRED)

Name:	Phone: ()	Fax: ()	
Address:	City:	State:	Zip:
Name::	Phone: ()	Fax: ()	
Address:	City:	State:	Zip:
Name:	Phone: ()	Fax: ()	
Address:	City:	State:	Zip:
Name:	Phone: ()	Fax: ()	
Address:	City:	State:	ZIP Code:

NAME AND ADDRESS OF PREVIOUS COMPANIES OWNED:

AGREEMENT:

Applicant agrees to be responsible for: Collection, repossession and legal fees incurred in connection with the collection of amounts owed to: **Mercer's Downriver Equipment Rentals Inc. and /or Mercer's Dix Equipment Rentals Inc.**

SIGNATURE:

Dated:	Signed:	Title:
--------	---------	--------