

## CREDIT APPLICATION



PO Box 187 • 14431 State Route 116  
 Saint Marys, OH 45885  
 (419) 394-0770 • 1-844-394-3900  
 Fax (419) 394-2640

Date: \_\_\_\_\_

To Our Customer:

The information contained in this file is for the purpose of establishing a line of credit that will meet your needs. The more information we have, the better we can service you. Please complete this credit application in full and sign the credit agreement on the back. Thank you for your time and cooperation. We look forward to serving you.

### BUSINESS INFORMATION

BUSINESS APPLICANT					
TRADE NAME (IF DIFFERENT)					
PHYSICAL ADDRESS			BILLING ADDRESS		
CITY	STATE	ZIP	CITY	STATE	ZIP
BUSINESS PHONE	FAX #	COUNTY			
EMAIL			EST. MONTHLY RENTAL VOLUME	YEARS IN BUSINESS	
FEDERAL ID #	TYPE OF BUSINESS <input type="checkbox"/> Sole Prop <input type="checkbox"/> Partner <input type="checkbox"/> LLC <input type="checkbox"/> Corp		NATURE OF BUSINESS		NUMBER OF EMPLOYEES

### OFFICERS/ PARTNERS/ MEMBERS/ OWNERS

NAME	TITLE	SOC.SEC. NO.	HOME PHONE		
ADDRESS	BIRTH DATE	CITY	STATE	ZIP	
NAME	TITLE	SOC.SEC. NO.	HOME PHONE		
ADDRESS	BIRTH DATE	CITY	STATE	ZIP	
NAME	TITLE	SOC.SEC. NO.	HOME PHONE		
ADDRESS	BIRTH DATE	CITY	STATE	ZIP	

### BANK REFERENCES

BANK NAME	CONTACT	PHONE			
CITY	STATE	CHECKING ACCOUNT NO.	LOAN NUMBER		

### TRADE REFERENCES

NAME	CONTACT	PHONE	FAX		
ADDRESS	CITY		STATE	ZIP	
NAME	CONTACT	PHONE	FAX		
ADDRESS	CITY		STATE	ZIP	
NAME	CONTACT	PHONE	FAX		
ADDRESS	CITY		STATE	ZIP	

### ACCOUNTS PAYABLE INFORMATION

A/P CONTACT NAME	A/P CONTACT PHONE	A/P CONTACT FAX
A/P EMAIL		

**ACCOUNT INFORMATION**

**CREDIT LIMIT REQUESTED:**

Are your rentals tax exempt? If yes, please attach a copy of your tax exemption certificate. State law requires us to retain a copy of this on file. Please note that tax will be charged until we receive a copy of your tax exempt certifications.

Do you have any restrictions on who can order and sign for equipment? If yes, a list of authorized personnel and their individual contact information must accompany this application.

Do you require a purchase order or job name on each invoice?

Do you wish to purchase Loss & Damage Waiver on each contract? If no, you must provide proof of insurance in the form of a risk floater naming IER as loss payee on any and all equipment rented.

**CREDIT AGREEMENT**

The undersigned (s) grant IER permission to investigate/verify credit information.

The undersigned (s) acknowledge the terms of this Agreement. Any amount past due will be assessed a Service Charge per month. Net 30 days from bill date of invoice. Finance charges will be assessed on past due invoices at a rate of 1.5% per a month, 18% annually.

The undersigned (s) understand that this application for credit and all accounts specifically set up for the Applicant shall be governed by and construed under the laws of the State of Ohio, specifically those of Auglaize County. Applicant agrees that in the event of default, that he/she will consent to and be subjected to jurisdiction of the Courts of the State of Ohio, Auglaize County, to enforce the terms of this application for credit.

The undersigned (s) further agree to reimburse IER for its legal fees involved in the collection of any monies owed as a result of the Applicant's failure to pay in a timely fashion on the Applicant's open accounts with IER and/or any other legal fees incurred as a result of the Applicant's breach of contract with IER.

**X** \_\_\_\_\_

SIGNATURE OF APPLICANT                      DATE

**X** \_\_\_\_\_

PRINT NAME                                      TITLE

**X** \_\_\_\_\_

SIGNATURE OF APPLICANT                      DATE

**X** \_\_\_\_\_

PRINT NAME                                      TITLE

**X** \_\_\_\_\_

SIGNATURE OF APPLICANT                      DATE

**X** \_\_\_\_\_

PRINT NAME                                      TITLE

**X** \_\_\_\_\_

SIGNATURE OF APPLICANT                      DATE

**X** \_\_\_\_\_

PRINT NAME                                      TITLE

**APPLICATION WILL NOT BE PROCESSED WITHOUT SIGNATURE**