



**APPLICATION FOR COMMERCIAL ACCOUNT
(CONFIDENTIAL CREDIT INFORMATION)**
(Please complete fully)

Ashtead Technology
Canada Ltd
3505 Laird Road, #18
Mississauga, Ontario
L5L 5Y7
Tel: 905-607-9639
Fax: 905-607-8592

PLEASE FAX TO SUPPORT OFFICE
281-398-5174

BUSINESS NAME OF PURCHASER /LESSEE

ADDRESS

(dba) TRADE NAME

CITY, PROVINCE, POSTAL CODE

PHONE NO. (AREA CODE)

FAX NO. (AREA CODE)

EMAIL ADDRESS

BUSINESS FACTS

PROPRIETORSHIP PARTNERSHIP CORPORATION

CREDIT LIMIT REQUESTED

PREVIOUS BUSINESS NAME

GST NUMBER

LENGTH OF TIME IN BUSINESS _____ YEARS

HAVE YOU EVER FILED FOR BANKRUPTCY? YES NO

IF YES, DATE _____

DUNS NO. _____

CORPORATE OFFICER INFORMATION

ACCOUNTS RECEIVABLE INFORMATION

NAME AND TITLE

ACCOUNTS PAYABLE PHONE NUMBER

DRIVERS LICENSE NO.

PURCHASE ORDER NUMBER REQUIRED? YES NO

TRADE REFERENCES:

GST EXEMPT? YES (if yes, please return the proper forms & numbers) NO

NAME

ADDRESS

PHONE NO./FAX NO

1. _____

2. _____

BANKING

BANK NAME

PHONE NUMBER

ADDRESS CITY, PROVINCE, POSTAL CODE

CHEQUING ACCOUNT NO.

ROUTING NO

SIC CODE _____

IT IS THE RESPONSIBILITY OF THE LESSEE TO MAKE GOOD TO ASHTEAD ALL LOSS OR DAMAGE TO EQUIPMENT. LESSEE MUST HAVE AND PROVIDE PROOF OF ADEQUATE INSURANCE COVERAGE IN OPERATION FOR DURATION OF RENTAL PERIOD.

INSURANCE COMPANY _____

PHONE NO. _____

POLICY NO. _____

POLICY RENEWAL DATE _____

POLICY TYPE _____

POLICY COVER _____

THE UNDERSIGNED ("PURCHASER/LESSEE") AGREES THAT ALL PURCHASES AND RENTALS MADE BY IT FROM ASHTEAD TECHNOLOGY, INC. OR ANY OF IT'S SUBSIDIARIES AND AFFILIATED ENTITIES ("ASHTEAD") ARE SUBJECT TO THE TERMS AND CONDITIONS SET OUT IN THE DOCUMENT ENTITLED "ASHTEAD TECHNOLOGY TERMS AND CONDITIONS OF EQUIPMENT RENTAL" POSTED AT WWW.ASHTEAD-TECHNOLOGY.COM, UNDER "CUSTOMER SERVICE/FINANCIAL DOCUMENTS". COPIES CAN BE DOWNLOADED FROM THAT WEBSITE OR REQUESTED FROM OUR LOCAL OFFICE.

IN MAKING THIS APPLICATION FOR COMMERCIAL CREDIT, I/WE UNDERSTAND AND AGREE TO THE TERMS OF PAYMENT: NET 30 DAYS. SERVICE CHARGE OF 1½% PER MONTH, ON ALL INVOICES/CONTRACTS NOT PAID WITHIN 30 DAYS.

I/WE AUTHORIZE ASHTEAD TO MAKE WHATEVER CREDIT INQUIRIES IT DEEMS NECESSARY IN CONNECTION WITH THIS APPLICATION. WE ACKNOWLEDGE HAVING READ THE *PRIVACY ACT* STATEMENT OF ASHTEAD TECHNOLOGY CANADA LTD POSTED AT WWW.ASHTEAD-TECHNOLOGY.COM

THE UNDERSIGNED CONFIRMS THAT IT OR ANY OF IT'S SUBSIDIARIES ARE NOT LISTED ON ANY DENIED PARTIES LIST AND WILL NOTIFY ASHTEAD TECHNOLOGY, INC. SHOULD THIS OCCUR.

PUCHASER/LESSEE: _____

PRINT OFFICER'S NAME: _____

Per: _____ (C/S)

OFFICER'S TITLE: _____

SIGNATURE OF AUTHORIZED SIGNING OFFICER

DATE OF APPLICATION

Official Use Only – Credit Form Request Approval

Regional Manager: _____
Support Office Controller: _____

Date: _____
Date: _____