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

Please attach a sample letterhead to this application

Ashtead Technology, Inc.
10635 Richmond Ave.
Suite 100
Houston, TX 77042
Tel: 832-308-7575
Fax: 713-339-2150

BUSINESS NAME

ADDRESS

(dba) TRADE NAME

CITY, STATE, ZIP

PHONE NO. (AREA CODE)

FAX NO. (AREA CODE)

EMAIL ADDRESS

BUSINESS FACTS

CREDIT LIMIT REQUESTED

❑ PROPRIETORSHIP ❑ PARTNERSHIP ❑ CORPORATION

❑ FEDERAL TAX I.D.#

PREVIOUS BUSINESS NAME

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

PURCHASE ORDER NUMBER REQUIRED? ❑ YES ❑ NO

SOCIAL SECURITY NO.

DRIVERS LICENSE NO.

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

TRADE REFERENCES:

	NAME	ADDRESS	PHONE NO.
1.			
2.			

BANKING

BANK NAME

PHONE NUMBER

ADDRESS CITY, STATE, ZIP

CHECKING ACCOUNT NO.

ROUTING NO

SIC CODE

INSURANCE IS THE RESPONSIBILITY OF THE RENTER TO MAKE GOOD TO THE OWNER ALL LOSS OR DAMAGE TO EQUIPMENT. ACCORDINGLY, RENTER MUST HAVE ADEQUATE INSURANCE COVERAGE IN OPERATION.

INSURANCE COMPANY _____ PHONE NO. _____

POLICY NO. _____ POLICY RENEWAL DATE _____

POLICY TYPE_____ POLICY COVER_____

THE UNDERSIGNED ("PURCHASER/LESSEE") AGREES THAT ALL PURCHASES MADE BY ("PURCHASER/LESSEE") FROM ASHTEAD TECHNOLOGY, INC. OR ANY OF IT'S SUBSIDIARIES AND AFFILIATED ENTITIES ("SELLER/LESSOR") ARE SUBJECT TO ASHTEAD TECHNOLOGY TERMS AND CONDITIONS. COPIES CAN BE DOWNLOADED FROM **WWW.ASHTEAD-TECHNOLOGY.COM** 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 TECHNOLOGY, INC. TO MAKE WHATEVER CREDIT INQUIRIES IT DEEMS NECESSARY IN CONNECTION WITH THIS APPLICATION.

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

OFFICER'S SIGNATURE

JOB TITLE

PRINT OFFICER'S NAME

DATE OF APPLICATION

Official Use Only – Credit Form Request Approval

Profit Center Manager: _____ **Date:** _____

Support Office Controller: _____ **Date:** _____