



CREDIT APPLICATION

610.395.3500 | ACTIONRENTAL.COM

Business Name _____ Years in Business _____

Mailing Address _____

City _____ State _____ Zip-code _____

Business Phone _____ Fax _____

Fed I.D. # or Social Sec # if Sole Proprietor _____ Principle Ownership _____

Accounts Payable Name _____ Phone _____ Email _____

Purchase Order Required _____ Job Name Required _____ Tax Exempt _____ * If tax exempt please provide PA tax exempt form.

A minimum of four creditors EXCLUDING BANKS AND CREDIT CARDS with whom you have at least a 3 year history are required for consideration.

Name	Contact Name	Phone Number	Email
1.			
2.			
3.			
4.			

I AM AUTHORIZED TO OBTAIN CREDIT FOR OUR COMPANY. ALL STATEMENTS MADE HEREIN ARE TRUE AND ACCURATE TO THE BEST OF MY KNOWLEDGE. I AUTHORIZE ACTION RENTAL CENTER, INC TO MAKE ANY AND ALL INQUIRIES NECESSARY FOR ACTION ON THIS CREDIT APPLICATION.

Authorized Signature _____ Date _____

Print Name and Title _____

INTERNAL OFFICE USE ONLY:			
ACCOUNT #	CREDIT LIMIT:	PERSONAL GUARANTEE REQUIRED:	<input type="checkbox"/>
APPROVED BY:		P.O. REQUIRED:	<input type="checkbox"/> TAX EXEMPT: <input type="checkbox"/>