



1700 E. COUNTY LINE
LITTLETON, CO 80126
FAX (303) 795-1759
(303) 798-1328

3101 W. EISENHOWER
LOVELAND, CO 80537
FAX (970) 669-4696
(970) 669-3866

142 GATEWAY CIRCLE
JOHNSTOWN, CO 80534
FAX (970) 532-0147
(970) 532-0144

201 MAIN ST.
WINDSOR, CO 80550
FAX (970) 686-9490
(970) 686-7990

Credit Application

This Form must be filled out completely and signed

Company Name _____
DBA (if different) _____
Billing Contact Person _____
Billing Address: _____
City: _____ State: _____ Zip: _____
Phone () _____ - _____ Fax () _____ - _____
E-mail address (For Billing Purposes) _____

Federal Tax ID and Social Security No. _____ SS# _____
Type of Business _____
No. Of Employees _____
Date Business Established _____
Dun and Brad # _____

Amount of Credit Requested \$ _____

Are you a (check one):
 S Corporation Partnership LLC Company Sole Proprietorship

State of Incorporation _____
Names, Titles, Social Security #, and Addresses of Your Three Chief Corporate Officers
Name _____ SS # _____ Address _____
Name _____ SS # _____ Address _____
Name _____ SS # _____ Address _____

Partnership
Names and Addresses of the Partners
Name _____ Address _____
Name _____ Address _____
Name _____ Address _____

Sole Proprietorship
Are you sales tax exempt? Yes _____ No _____
Have you ever had credit with us before? Yes _____ No _____
If yes, under what Company Name? _____

TRADE REFERENCES

Name: _____

Address: _____

Phone () _____ - _____ Fax () _____ - _____

Name: _____

Address: _____

Phone () _____ - _____ Fax () _____ - _____

Name: _____

Address: _____

Phone () _____ - _____ Fax () _____ - _____

BANK REFERENCES

Account #: _____ Phone () _____ - _____

Contact Person: _____

Name of Bank: _____

Address: _____

My company and I authorize **Arapahoe Rental** to make such credit investigation as needed, including contacting the above trade references and banks and obtaining credit reports.

My company and I authorize all trade references, banks and credit reporting agencies to disclose to Arapahoe Rental any and all information concerning the financial and credit history of my company and myself.

I have read the terms and conditions stated below and agree to all of those terms and conditions.

Purchase Order Required? Yes _____ No _____

Do you have an authorized signature list? Yes _____ No _____

If yes please send list so we can enter their full names into our system.

GENERAL TERMS AND CONDITIONS AND PERSONAL GUARANTEE

1. Bills are sent electronically (Via Email or Fax) upon closure of the contract. Invoices are due net 10.
2. All bills become payable in full on the 11th day of the month and, if not paid by the end of the month, are considered past due.
3. A service charge of 2% per month will be added to all amounts billed if not paid by the end of the month.
4. No additional credit will be extended to past due accounts unless satisfactory arrangements are made with our credit department.
5. PERSONAL GUARANTEE: If the credit customer is a corporation, then those signing this application, whether signing as an officer or not, personally guarantee payment for all items purchased on credit by the corporation.
6. In the case of default of payment, customer agrees to pay all collection costs including collection commissions and attorney's fees.

Authorized Signature: _____

Printed Name: _____

Title: _____ Date: _____

Fax to **303-795-1759** (Littleton) **970-686-9490** (Windsor) **970-532-0147** (Johnstown)
970-669-4696 (Loveland) or Email to **Office@ArapahoeRental.com**