



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**