

BEST RENTAL

4229 S. MASON • FORT COLLINS, CO • (907) 282-0700 • (970) 282-0607 (FAX)

CREDIT POLICY

Thank you for applying for a credit account with Best Rental. Please read this policy and return a signed copy with the application.

1. Any adjustments to contract amounts must be approved by us at the time of equipment return. Adjustments will not be made after invoices are mailed and statements are sent out.
2. All accounts are due and payable on the 15th of the month following the sale. Our billing month ends on the 25th of the calendar month.
3. If your account is not paid by the 25th of the month following the sale, it becomes past due 30 days and a 1.5% service charge per month will be added to your account.
4. Past due accounts of sixty days or more are subject to being placed on “Credit Hold” or “Cash with Order” without notice and will remain so until arrangements satisfactory with our credit department have been made.
5. Any account remaining unpaid will be placed with an attorney or collection agency for collections. All attorney fees and collection costs will be borne by the customer if the account is placed for collections.
6. The applicant for credit is completely responsible for protecting this account against extraneous charges by unauthorized people. If there are conditions to charging on the account, Best Rental must be notified.

The customer below does hereby agree to the above policy for consideration and extension of credit by Best Rental.

Company Name _____

Authorized Signature _____

Title _____

Print Name _____

Date _____

NOTE – TO PURCHASE TAX EXEMPT OR RESALE, WE MUST HAVE A COPY OF YOUR CURRENT SALES TAX CERTIFICATE ON FILE OR PRESENTED AT TIME OF RENTAL, NO EXCEPTIONS.

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CREDIT APPLICATION

THE FOLLOWING INFORMATION MUST BE COMPLETED AND WILL BE HELD IN THE STRICTEST CONFIDENCE.

Company Name: _____ Date: _____

Billing Address: _____

Physical Address: _____

Phone# _____ Fax# _____ Cell/Mobile# _____

Type of Business: _____ Partnership _____ Sole Owner _____ SS# _____

Date Started _____ Corporation _____ Date Incorporated _____ FEIN# _____

Name, Title of Officers, Partners or Principals

Name: _____ Name: _____

Home Address: _____ Home Address: _____

City: _____ State: _____ Zip: _____ City: _____ State: _____ Zip: _____

Title: _____ Title: _____

Home/Cell Phone _____ Home/Cell Phone _____

Please list at least three local credit references with Fax #'s

Co. Name: _____ Co. Name: _____

Address: _____ Address: _____

City: _____ State: _____ Zip: _____ City: _____ State: _____ Zip: _____

Phone: _____ Fax: _____ Phone: _____ Fax: _____

Co. Name: _____ Co. Name: _____

Address: _____ Address: _____

City: _____ State: _____ Zip: _____ City: _____ State: _____ Zip: _____

Phone: _____ Fax: _____ Phone: _____ Fax: _____

We (I) certify that all the above information is correct. We have read and agreed to your terms of sale as well as all other information on your policy statement.

Date: _____ Signed: _____ Print: _____

Title: _____