

Consumer Rental Center, Inc.

919 E. College Way
Mount Vernon WA 98273
(360) 424-3224

Commercial Credit Application

Company Name _____ Date _____

Address (Street) _____ City _____ State _____ Zip _____

Phone Number _____ Years in Business _____ Years at Current Location _____ Credit Line Requested _____

Legal Formation of Company: LLC LP Corporation Partnership Proprietorship

Credit References	
1) _____	_____
Name	Phone Number
2) _____	_____
Name	Phone Number
3) _____	_____
Name	Phone Number

Bank References	
1) _____	_____
Name & Branch	Account Number
2) _____	_____
Name & Branch	Account Number

Principles of Company		
1) _____	_____	_____
Name	Home Address	Home Phone
2) _____	_____	_____
Name	Home Address	Home Phone
3) _____	_____	_____
Name	Home Address	Home Phone

For Accounting Purposes Do You Require:

Yes No - Purchase Orders?

Yes No - Job Identification Number, Name, location, etc.?

Yes No - Only Rent to People on an Authorized Signature List? (Attach List of Names)

Credit Agreement:

If this account is opened, I agree:

- A) To pay each invoice in full within **thirty (30) days.**
- B) To pay a 1.5% monthly service charge on any unpaid invoices 31 days or older.
- C) To pay all attorneys' fees in the event collection and/or legal proceedings become necessary.
- D) To authorize release of credit and banking information necessary for approval of this request.

Signature of Applicant _____ Title _____