



RENTALS & SALES, INC

911 South Main Street, Elk City OK 73644

(580) 225-1400 FAX (580) 225-0787 www.djsrental.com

Email: *djsrentals@djsrentalsok.com* or *info@djsrentalsok.com*

CREDIT APPLICATION

Today's Date:		Date Business Began:	
Company Name:			
Billing Address:			
City:		State and Zip Code:	
A/P Contact Name:			
A/P phone #:		A/P email:	
Bank Name:		Bank Address:	
FIN or S.S. #:		Type: <input type="checkbox"/> Corporation	<input type="checkbox"/> Partnership
		<input type="checkbox"/> Individual	
Tax Exempt # (certificate required):		P.O. Required?	<input type="checkbox"/> Yes <input type="checkbox"/> No

PRINCIPALS / OFFICERS / OWNERS

Primary:		Secondary:	
Title:		Title:	
Home Address:		Home Address:	
City, State, Zip:		City, State, Zip:	
Telephone #:		Telephone #:	
Social Security #:		Social Security #:	
Driver License #:		Driver License #:	
Birthdate:		Birthdate:	

TRADE REFERENCES

Please complete all four references. For faster service, please provide an email address and fax #.

1. Company name:		2. Company name:	
Address:		Address:	
City, State, Zip:		City, State, Zip:	
Phone:		Phone:	
Email Address:		Email Address:	
Fax #:		Fax #:	

3.	Company name:		4.	Company name:	
	Address:			Address:	
	City, State, Zip:			City, State, Zip:	
	Phone:			Phone:	
	Email Address:			Email Address:	
	Fax #:			Fax #:	

I agree to payment terms of Net 30 Days. I understand that any unpaid accounts over 30 days are considered past due. I fully understand all credit terms and agree to the proper payment in consideration of extended credit. I understand that accounts that reach 60 days may be placed on C.O.D. status or subject to further action. I certify that all information provided on this form is correct. I hereby authorize DJ's Rentals & Sales Inc to obtain credit information from the references submitted and on any principals, owners, and/or officers.

Submitted by:			
Title:			
Signature:			
Telephone #:		Date:	
Email:			