



2005 Old Montgomery Hwy  
Birmingham, AL 35244

Phone: 205.985.9877  
Fax: 866.417.5899  
www.alabama-rentals.com

### Open Account Credit Application

Individual    Partnership    Corporation    LLC

Company Name: \_\_\_\_\_  
Billing Address: \_\_\_\_\_ City/ST: \_\_\_\_\_ Zip: \_\_\_\_\_  
Phone: \_\_\_\_\_ Fax: \_\_\_\_\_ Website URL: \_\_\_\_\_  
Physical Address: \_\_\_\_\_ City/ST: \_\_\_\_\_ Zip: \_\_\_\_\_  
Type of Business: \_\_\_\_\_ Yrs. In Business: \_\_\_\_\_  
Name or Parent Company (If Subsidiary): \_\_\_\_\_  
Federal Tax #: \_\_\_\_\_ or Social Security #: \_\_\_\_\_

### Proprietor, Partners, or Officers

Name: \_\_\_\_\_ Title: \_\_\_\_\_  
Driver's License Number: \_\_\_\_\_ State Issued \_\_\_\_\_  
Social Security # \_\_\_\_\_  
Home Address: \_\_\_\_\_  
Phone Number: \_\_\_\_\_ Email Address: \_\_\_\_\_

Name: \_\_\_\_\_ Title: \_\_\_\_\_  
Driver's License Number: \_\_\_\_\_ State Issued \_\_\_\_\_  
Social Security # \_\_\_\_\_  
Home Address: \_\_\_\_\_  
Phone Number: \_\_\_\_\_ Email Address: \_\_\_\_\_

Name: \_\_\_\_\_ Title: \_\_\_\_\_  
Home Address: \_\_\_\_\_  
Driver's License Number: \_\_\_\_\_ State Issued \_\_\_\_\_  
Social Security # \_\_\_\_\_  
Phone Number: \_\_\_\_\_ Email Address: \_\_\_\_\_



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**Individual Responsible for Payment of Account (Accounts Payable Department)**

Name: \_\_\_\_\_ Title: \_\_\_\_\_  
Phone Number: \_\_\_\_\_ Ext. \_\_\_\_\_ Email Address: \_\_\_\_\_  
Fax (if different from previously listed): \_\_\_\_\_

**Bank Reference**

Name: \_\_\_\_\_ Account #: \_\_\_\_\_  
Address: \_\_\_\_\_ City: \_\_\_\_\_ ST/Zip: \_\_\_\_\_  
Contact Person: \_\_\_\_\_ Phone number: \_\_\_\_\_  
Email: \_\_\_\_\_ Number of yrs doing business with establishment: \_\_\_\_\_

**Trade References**

**Please be sure to put phone & fax numbers for the trade references. Applications without this information will not be processed.**

Name: \_\_\_\_\_ Account #: \_\_\_\_\_  
Address: \_\_\_\_\_ City: \_\_\_\_\_ ST/Zip: \_\_\_\_\_  
Contact: \_\_\_\_\_ **Phone #** \_\_\_\_\_ **Fax#** \_\_\_\_\_

Name: \_\_\_\_\_ Account #: \_\_\_\_\_  
Address: \_\_\_\_\_ City: \_\_\_\_\_ ST/Zip: \_\_\_\_\_  
Contact: \_\_\_\_\_ **Phone #** \_\_\_\_\_ **Fax#** \_\_\_\_\_

Name: \_\_\_\_\_ Account #: \_\_\_\_\_  
Address: \_\_\_\_\_ City: \_\_\_\_\_ ST/Zip: \_\_\_\_\_  
Contact: \_\_\_\_\_ **Phone #** \_\_\_\_\_ **Fax#** \_\_\_\_\_



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**Applicant's signature attests financial responsibility, ability and willingness to pay our invoices in accordance with terms stated below. Alabama Rental's terms are net 30 days. If any suit or legal action is instituted in connection with any controversy arising out of the estimate, proposal, or any work authorized in connection with the same, the prevailing party shall be entitled to recover, in addition to the court costs and disbursements, such sum as the court may adjudge reasonable as attorney fees.**

**The above information is for the purpose of obtaining credit and is warranted to be true. I/We hereby authorize the firm to whom the application is made to investigate the references listed pertaining to my/our credit and financial responsibility.**

Company Name: \_\_\_\_\_

Authorized Signature: \_\_\_\_\_ Title: \_\_\_\_\_

Name of Your Sales Representative: \_\_\_\_\_

### **Special Instructions**

Does your company require a purchase order number be supplied at the time of rental?

\_\_\_\_\_

Are there any other instructions or requirements that we should be aware of to insure timely payment of all invoices?

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_



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Please provide a list of all individuals authorized to sign rental contracts, purchase equipment or supplies and/or accept delivery of equipment. This list will be referenced before allowing anyone to complete a transaction. This form is not required but will help to insure no unauthorized transactions are made on your behalf. **Furthermore, by completing this form you hereby agree to inform us if any changes that need to be made to this list. If you do not notify us of changes and a transaction is made by someone that is still currently on this list, your company will be held responsible for the charges incurred on your account.**

Name: \_\_\_\_\_ Title: \_\_\_\_\_

Conditions for authorization (if any): \_\_\_\_\_

Name: \_\_\_\_\_ Title: \_\_\_\_\_

Conditions for authorization (if any): \_\_\_\_\_

Name: \_\_\_\_\_ Title: \_\_\_\_\_

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