



620 HARDING RD, MORTON, IL 61550
 (309) 263-7368
 INFO@AMERICANRENTAL.COM
 WWW.AMERICANRENTAL.COM

BUSINESS CREDIT APPLICATION

| | | |
|--|-----------------|--------------------|
| Authorized Contact Information | | |
| Contact Name | Title | |
| Email | Phone | |
| Business Information | | |
| Company Name | Tax I.D. Number | |
| Address | | |
| Billing Address | | |
| Phone | Email | Website |
| Length of Time at Current Address: _____ Years _____ Months | | |
| Nature of Business: | | In Business Since: |
| Type of Business : <input type="checkbox"/> Sole Proprietorship <input type="checkbox"/> Partnership <input type="checkbox"/> LLC <input type="checkbox"/> Corporation <input type="checkbox"/> Other | | |
| If Applicable (Must provide CRT-61 or letter from Illinois stating tax exempt status) | | |
| Resale # | Tax Exempt # | |
| Do Your Require: Purchase Order Number <input type="checkbox"/> Yes <input type="checkbox"/> No Job Name <input type="checkbox"/> Yes <input type="checkbox"/> No | | |
| Do You Desire to Decline Our 10% Damage Waiver? <input type="checkbox"/> Yes <input type="checkbox"/> No | | |
| <i>If yes, you must submit a certificate of insurance naming American Rental as an additional insured and specifying coverage of rented items and equipment for a minimum amount of \$100,000. This certificate must be current and kept up to date.</i> | | |
| Authorized Renters: <i>IMPORTANT! This is OPTIONAL – If you require us to check renters on your behalf, please provide us with a separate list of who is allowed to rent on your account.</i> | | |

| | | |
|-------------------------|--------------|--|
| Bank Information | | |
| Bank Name | Contact Name | |
| Address | | |
| Phone | Email | |

| | | | |
|--------------------------|---------|-------|-------|
| Credit References | | | |
| Company | Contact | Phone | Email |
| | | | |
| | | | |
| | | | |

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| Credit Agreement |
| American Rental is authorized to obtain any information necessary from your banking and credit references for the purposes of establishing an open 30-day charge account for the applicant. If a balance is still owed after 30 days, there will be a 1.5% monthly finance charge applies (18% annual). Any claims regarding an invoice must be made within 7 days of the date issued. |

Signature: _____ Date: _____
 Print Name: _____ Title: _____

Please submit this completed application to American Rental, 620 Harding Road., Morton, IL 61550, Attn: Accounting Department -OR- email to accounting@americanrental.com. You will be contacted after your application has been reviewed.

