

## CREDIT

| Date:    |  |
|----------|--|
| Approved |  |

Phone 406-538-9033 Fax 406-535-4375 2566 Truck Bypass, Lewistown, MT 59457

## **APPLICATION**

|                             |               | _         |              |
|-----------------------------|---------------|-----------|--------------|
| <b>BUSINESS INFORMATION</b> | *\/\ID EM\\II | BEULIBED  | EOR BILLING* |
| DOSHNESS HALDINGTHOLD       | VALID LIVIAIL | INLUGINLD | I ON DILLING |

| Business Name                                     |             |                                  | No. Of Employe                            | es Ty               | pe of Business | A/P Contact     |  |
|---|-------------|----------------------------------|---|---------------------|----------------|-----------------|--|
| Address   |             | How long in business in Montana? |   |                     |                |                 |  |
| City  | State       | Zip Code                         | C. corp.                                  | Business Structure: |                |                 |  |
| Phone   | *Email      |                                  | C. corp.                                  | S. Corp             | Partnership    | Proprietorship  |  |
|   |             |                                  | What State?                               | -                   |                |                 |  |
| Previous address if less than 2 years at present: |             | oresent:                         | Who is allowed to charge to this account? |                     |                |                 |  |
| OWNERS AND CO                                     | MPANY PRINC | IPALS                            |   | PO Required? Yes No |                |                 |  |
| Name  | Title       | Address                          | "   | Phone               | 2              | Soc. Security # |  |
| Name  | Title       | Address                          |   | Phone               | 2              | Soc. Security # |  |
| Name  | Title       | Address                          |   | Phone               | 2              | Soc. Security # |  |
| BANK REFERENCE                                    |             |                                  | Branch Address                            |                     |                |                 |  |
| Name of Bank                                      | •           |                                  |   |                     |                |                 |  |
| Account No.                                       |             | Phone                            |   |                     | Fax            |                 |  |
| Branch  |             |                                  | Contact Name                              |                     |                |                 |  |
| TRADE REFERENC<br>Company Name                    | ES          | Address                          | Phone                                     | Fax                 |                | Email           |  |
| Company Name                                      |             | Address                          | Phone                                     | Fax                 |                | Email           |  |
|   |             | Address                          | Phone                                     | Fax                 |                | Email           |  |

Lewistown Rental will require you to purchase a Damage Waiver. The waiver covers repairs, damage or theft in accordance with terms on the reverse side of each rental contract.

## CONFIRMATION OF INFORMATION ACCURACY AND RELEASE OF AUTHORITY TO VERIFY

TERMS OF CREDIT OR SALE: Net by 10th of the month following invoice date. Invoices not paid by due date are subject to a service charge of 1.5% per month. The undersigned warrants that all information is correct. It is understood and agreed that the undersigned specifically consents to Lewistown Rental's investigation of the applicant's credit history and may utilize credit reporting services for information on the applicant. The undersigned hereby authorizes the bank and trade references listed to release the information necessary to assist Lewistown Rental in establishing a line of credit. The undersigned agrees to comply with Terms Of Credit. Should it be necessary for Lewistown Rental to retain an attorney to enforce any of the transactions that may arise between the parties pursuant hereto, the undersigned agrees to pay our attorney's fees and costs of collection. The undersigned agrees to be PERSONALLY liable for all charges made by the undersigned Company or corporation.

| Signature Of Company Representative | Print Name | Title | Date |
|-------------------------------------|------------|-------|------|
|                                     |            |       |      |