

Credit Application

Brandon Rental Center Inc.
P.O. Box 2165

Seffner, FL 33583-2165

Phone: (813)654-7368

Fax: (813)654-1429

Email: Ashleigh@brandonrentalcenters.com

The information on this form will enable us to respond quickly to your credit request. Please answer all questions. Any information received will be handled in confidence. Thank you.

APPLICANT (PLEASE PRINT OR TYPE AND ANSWER ALL QUESTIONS) DATE _____

IND/FIRM NAME _____

FICTITIOUS NAME (DBA) _____ MAILING ADDRESS _____

STREET ADDRESS _____ CITY _____

STATE _____ ZIP _____ PHONE _____

FAX _____ YRS IN BUSINESS _____

INDIVIDUAL PARTNERSHIP LIMITED PARTNERSHIP CORPORATION LLC

PERSON TO CONTACT _____ TITLE _____

PHONE _____ FED ID# _____

PRINCIPAL OFFICERS/OWNERS _____

PARTNERSHIPS AND CORPORATIONS REQUIRE AT LEAST TWO SIGNATURES. LIMITED PARTNERSHIPS REQUIRE A GENERAL AND LIMITED PARTNER(S) SIGNATURES.

FULL NAME	TITLE	ADDRESS
1. _____	_____	_____
2. _____	_____	_____
3. _____	_____	_____

SOCIAL SECURITY # (INDIV/PTNRS) 1. _____ 2. _____ 3. _____

BANK/FINANCE REFERENCES (LIST BANK AND/OR AGENCY SUPPLYING YOUR CORP LINE AS FIRST REFERENCE)

1. BANK BRANCH _____ ADDRESS _____ PH# _____
ACCOUNT NUMBER _____ (NOTE: BANK CANNOT RELEASE FINANCIAL REFERENCES WITHOUT ACCOUNT NUMBER)
TYPE OF ACCOUNT _____ PERSON TO CONTACT _____ TITLE _____

2. BANK BRANCH _____ ADDRESS _____ PH# _____
ACCOUNT NUMBER _____ (NOTE: BANK CANNOT RELEASE FINANCIAL REFERENCES WITHOUT ACCOUNT NUMBER)
TYPE OF ACCOUNT _____ PERSON TO CONTACT _____ TITLE _____

3. BANK BRANCH _____ ADDRESS _____ PH# _____
ACCOUNT NUMBER _____ (NOTE: BANK CANNOT RELEASE FINANCIAL REFERENCES WITHOUT ACCOUNT NUMBER)
TYPE OF ACCOUNT _____ PERSON TO CONTACT _____ TITLE _____

TRADE REFERENCES (CURRENT MAJOR SUPLIERS)

1. COMPANY NAME _____ PERSON TO CONTACT _____
ADDRESS _____ PHONE _____
CITY, STATE & ZIP _____ FAX _____

2. COMPANY NAME _____ PERSON TO CONTACT _____
ADDRESS _____ PHONE _____
CITY, STATE & ZIP _____ FAX _____

3. COMPANY NAME _____ PERSON TO CONTACT _____
ADDRESS _____ PHONE _____
CITY, STATE & ZIP _____ FAX _____

Please fill out this and fax or email to Brandon Rental Center fax#(813)654-1429, email Ashleigh@brandonrentalcenters.com ,or mail to:

BRANDON RENTAL CENTERS
P.O. Box 2165
Seffner, FL 33583-2165

If you have questions please call Ashleigh or Debbie at (813)654-7368

Company Name:

Company Address:

Phone Number: _____ **Fax Number:**

Point of Contact:

Email Address:

Please check items you require on each contract:

- Work Order Numbers**
- Purchase Order**
- Authorized signature**
- Individual receiving equipment**
- Job site address**

**Please note all charge accounts:
Our terms are Net 15 Days**