



APPLICATION FOR CREDIT

(Please Print in Ink)

66 Riel Drive, St. Albert AB T8N 4A6
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 Email: accounting@selectequipmentrentals.com

Phone: 780-419-6100
 Fax: 780-460-6417

COMPANY INFORMATION			
Name of Company		Date Company Established:	
Address:		City:	Postal Code:
Mailing Address:		City:	Postal Code:
Phone: () -	Fax: () -	Amount of Credit Requested \$	
Nature of Business:			Tax/GST No.
Email <i>(All statements and invoices will be e-mailed to this e-mail address)</i>			

PRINCIPALS/OWNERS/AUTHORIZED INDIVIDUALS			
Name:	Title:	DL #:	DOB:
Address:		City:	Postal Code:
Name:	Title:	DL #:	DOB:
Address:		City:	Postal Code:
Please authorize the following individuals to rent equipment which will be billed to this account <i>(provide full name and phone number)</i> :			
Business Entity Type: <input type="checkbox"/> Corporation <input type="checkbox"/> Sole Proprietorship		PURCHASE ORDERS ARE REQUIRED <input type="checkbox"/>	

BANK AND BUSINESS REFERENCES		
Bank Name:	Branch:	Contact:
Supplier:	Address:	Phone:
Supplier:	Address:	Phone:
Supplier:	Address:	Phone:

I/We _____ and _____ and _____
(name of Principal) (name of Principal) (name of Principal)

Of _____ (hereinafter referred to as the "corporate customer") apply
(name of Company)

for credit for the supply of goods, services and materials in accordance with the application for credit concurrently made. I/We being principal(s) of the corporate customer acknowledge that I/we am/are co-customer(s)/co-purchasers and will be personally responsible jointly and severally with the corporate customer for any and all debts. I/we will jointly and severally indemnify you, and see you paid for your account with respect to any order now or hereafter made by the corporate customer. I/we further agree to pay your account within your terms of payment net 30 days follow-ing purchase, to pay 2% interest per month (24% per annum) on overdue accounts and I/we assure full responsibility for any costs incurred toward collection of account including legal fees. For the purposes of this credit transaction, I/we fully consent and authorize yourselves obtaining any personal credit information through any credit bureau, credit reporting agency, government registry, private registry, or civil enforcement agency.

Dated at (city) _____ in the Province of _____ this _____ day of _____ 20____.

_____ Signature of Principal	_____ Print Name	_____ Witness Signature	_____ Print Name
_____ Signature of Principal	_____ Print Name	_____ Witness Signature	_____ Print Name

Electronic Funds Transfer (EFT) is the Select Equipment Rentals Ltd. Preferred Payment Method
Submit EFT Authorization Form with Completed Credit Application