



SELECT EQUIPMENT RENTALS LTD.
 66 Riel Drive, St. Albert, Alberta T8N 4A6
 Telephone: (780) 419 – 6100 Fax: (780) 460 – 6417
accounting@selectequipmentrentals.com

APPLICATION FOR CREDIT

PLEASE PRINT IN INK

Date: _____ 20____

Name of Company:			
Address:	City:	Postal Code:	
Mailing Address:	City:	Postal Code:	
Phone: () -	Fax: () -	Amount of Credit Required \$	
Nature of Business:		Tax/GST No.:	
E-mail: <i>(All statements and invoices will be e-mailed to this e-mail address)</i>			
Company is a <input type="checkbox"/> Corporation <input type="checkbox"/> Partnership <input type="checkbox"/> Sole Proprietorship Date Established:			

PRINCIPALS/OWNERS

Name:	Title:	Drivers Lic#:	DOB:
Address:	City:	Prov:	Ph:
Name:	Title:	Drivers Lic#:	DOB:
Address:	City:	Prov:	Ph:

REFERENCES

Bank:	Br:	Contact:	
Supplier:	Address:	Ph:	Fax:
Supplier:	Address:	Ph:	Fax:
Supplier:	Address:	Ph:	Fax:

I/We _____ and _____ and _____
 (name of principal) (name of principal) (name of principal)
 of _____ (hereinafter referred to as the "corporate customer")
 (name of company)

apply 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 following 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

**Payments are to be made preferably by way of electronic funds transfer (EFT)
 Please forward EFT Authorization Form for completion.**