



Application For Credit

Please print or type.

What date do you anticipate your first order to go out? _____ / _____ / _____

Company name: _____ Phone: _____

Street address: _____

City: _____ State: _____ Zip: _____ Contact email: _____

Type of business: _____

Corporation Partnership Individual

Principals

Name: _____ SSN: _____ - _____ - _____ Title: _____

Home address: _____ Phone: _____

City: _____ State: _____ Zip: _____

Name: _____ SSN: _____ - _____ - _____ Title: _____

Home address: _____ Phone: _____

City: _____ State: _____ Zip: _____

Bank (We need all of the following information in order to process your application.)

Name: _____ Branch: _____ Account#: _____

Address: _____ Phone: _____

Fax: _____ Contact name: _____

Insurance carried with: _____ Carrier phone: _____

Policy number: _____

IMPORTANT INFORMATION

Lead person's name: _____	Contact phone: _____
Coordinator's name: _____	Contact phone: _____
Accountant's name: _____	Contact phone: _____

I accept Rock Paradise's credit terms of Net 30 Days from the date of invoice.

Signature _____	Title _____	Date _____
Printed name _____		

Please make all checks payable to "Rock Paradise".

Please allow 10 days to process your credit application. If a pick-up is scheduled before credit is approved, rental and deposit money will be required. Cash, check, American Express, Discover, MasterCard or Visa are accepted for payment. DEPOSIT REQUIREMENTS FOR RENTAL AND DEPOSIT CUSTOMERS: With an insurance binder, the deposit required is 25% of the replacement value of the items to be rented; without an insurance binder, the deposit required is 50% of the replacement value of the items to be rented.

Insurance binders must list Rock Paradise as both "Loss Payee" and "Additional Insured".

AUTHORIZATION TO RELEASE CREDIT INFORMATION

Rock Paradise is hereby authorized to request all necessary credit information from the references and banks given on the attached credit application and agreement, to assist in their extension of credit to the undersigned.

The said persons, bank(s) and/or companies are hereby authorized and directed to release such information to Rock Paradise upon request.

IN THE EVENT THAT YOU RECEIVE A PHOTOCOPY OF THIS AUTHORIZATION, IT SHOULD BE TREATED AS AN ORIGINAL AND THE REQUESTED INFORMATION SHOULD BE RELEASED.

Date: _____ / _____ / _____

Company: _____

Authorized signature: _____

Title: _____