

# Tel-Power Tool & Equipment Rental, Inc.

200 E. Walton Ave.  
Altoona, PA 16602  
(814) 942-3317 or (888) 303-7368  
Fax (814) 942-2515

## Credit Application

Company Name: \_\_\_\_\_  
D/B/A: \_\_\_\_\_  
Street Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Telephone #: (\_\_\_\_) \_\_\_\_\_ Fax #: (\_\_\_\_) \_\_\_\_\_  
Website: \_\_\_\_\_  
E-mail: \_\_\_\_\_

Sales Tax Exempt? Yes \_\_\_ No \_\_\_ If **Yes**, please include an exemption certificate. Sales tax will be charged until an exemption certificate is received.

Business Type: Proprietor \_\_\_ Partnership \_\_\_  
Corporation \_\_\_ Limited Liability Co. \_\_\_

State of Incorporation: \_\_\_\_\_ Federal ID #: \_\_\_\_\_  
Social Security # (If Sole Proprietor or Partnership): \_\_\_\_\_  
Date Business Started: \_\_\_\_\_ A/P Contact: \_\_\_\_\_  
Purchase Order Required? \_\_\_ A/P Phone #: \_\_\_\_\_

Does your company require invoices to be faxed or emailed? Yes \_\_\_ No \_\_\_  
Does your company require a monthly statement to be faxed or emailed? Yes \_\_\_ No \_\_\_  
If yes to either, please indicate the fax # or email address: \_\_\_\_\_

## Owners & Principal Members of the Business

Name _____	Title _____	Home # _____
Name _____	Title _____	Home # _____
Name _____	Title _____	Home # _____

## Bank References

Bank Name \_\_\_\_\_ Address \_\_\_\_\_  
Phone \_\_\_\_\_ Contact \_\_\_\_\_ Account # \_\_\_\_\_

## Trade References

Name _____	Phone # _____	Account # _____
Name _____	Phone # _____	Account # _____
Name _____	Phone # _____	Account # _____
Name _____	Phone # _____	Account # _____

As a condition of credit extension, you are required to provide valid credit card information. This information will be used in the following cases:

1. If contracts on your account reach 60 days past due, they will be billed to the card provided.
2. If a check is returned from your bank, the face amount plus a \$25.00 fee will be charged to the card.
3. If the balance on your account exceeds the established credit limit, the amount over the limit will be charged to the card.

Card #: \_\_\_\_\_ (M/C, Visa, Discover only) Exp. Date: \_\_\_\_/\_\_\_\_

3 digit CIV Code (from back of card): \_\_\_\_\_

Cardholders name: \_\_\_\_\_

Billing address for card: \_\_\_\_\_

Cardholders Signature: \_\_\_\_\_

I understand the credit terms are Net 30 Days and agree to the proper payment in consideration of extended credit. A monthly service charge of one and one-half percent (1 ½%) of the total amount due, plus accrued service charges, will be paid on account balances which are past due.

The undersigned, on behalf of the applicant, authorizes Tel-Power Rental to obtain information, personal and business, from credit reporting agencies on the Corporation and/or owners/principal members of the business. The undersigned certifies that this application has been accurately completed and represents current data. My signature also authorizes the release of other information required to extend credit and/or collect payment.

By providing my fax number and/or email address, I agree to receive electronic communications from Tel-Power Tool & Equipment Rental, Inc.

Date: \_\_\_\_\_ Signature: \_\_\_\_\_  
(Needs to be an officer, partner, or owner)

Name (Printed): \_\_\_\_\_ Title: \_\_\_\_\_