



# Application for Credit

## Aide Rentals Inc.

186 West Sauk Trail  
South Chicago Heights, IL 60411  
708-756-4020  
Fax - 708-756-7939

8600 Kennedy Avenue  
Highland, IN. 46322  
219-838-4300

Company Name : \_\_\_\_\_

Company Address: \_\_\_\_\_

Mailing Address:(if different) \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Billing Preference: Fax # \_\_\_\_\_ OR Email \_\_\_\_\_

Type of Business: \_\_\_\_\_ Date Established \_\_\_\_\_

Tax Exempt? Yes \_\_\_ No \_\_\_ If yes, please include an exemption certificate.

Require purchase orders? Yes \_\_\_ No \_\_\_

Accidental Damage Waiver? 12% of rental (doesn't cover theft) Yes \_\_\_ No \_\_\_

Type of organization: Corporation  Partnership  Individual

Principle Owners: \_\_\_\_\_

Persons authorized to rent: (To be updated by customer as needed)

\_\_\_\_\_  
\_\_\_\_\_

Banking References—include account numbers and contact.

Bank Name \_\_\_\_\_

Trade References: —include current address, fax and phone numbers.

1st Firm: \_\_\_\_\_

2nd Firm: \_\_\_\_\_

3rd Firm: \_\_\_\_\_

### Authorization to Release

Please accept this as my authorization to release any and all information concerning my credit history with your organization to : Aide Rentals Inc. \_\_\_\_\_

**Please note: Customer is responsible for theft, damage, abuse and vandalism. Be sure of your insurance coverage. An insurance certificate may be requested.**

In making this application for credit, the customer agrees to pay all invoices within thirty days of the date of the invoice, and to pay a service charge of 1 1/2% per month, which is an annual percentage rate of 18% on all overdue balances. In the event a suit is necessary to collect any money, the customer agrees to pay the seller's reasonable attorney fees and costs including attorneys fees for appeal.

Personal guarantee: In consideration for credit extended, the undersigned contracts and guarantees to the faithful payment, when due, of all accounts of the company seeking credit for five years from the date of this application. The undersigned guarantor expressly waives all notice of acceptance of this guarantee, notice of extension of credit, presentment of demand for payment and any notice of default by the company seeking credit and all other notices the guarantor may be entitled to. Revocation of the guarantee shall be in writing and delivered by certified mail.

Signature: \_\_\_\_\_ Title: \_\_\_\_\_ Date: \_\_\_\_\_