Doug Haas – Accounts Receivable
1616 Cliff Rd. E.
Burnsville, mn 55337
Phone: 952-894-7368
**Fax: 952-894-8491**

# CROWN RENTAL CO. INC.

## Business Credit Application
### *All Applications must be completed and signed prior to processing*

Type of Business: _____   Date Started: _____

Company Name: _____   Email: _____

Address: _____ D & B Number _____

City, State, Zip: _____ Tax ID#: _____

Phone Number: _____ Resale #: (copy must be attached):_____

Fax Number: _____ Contact Name: _____

## Bank Reference:
Name: _____ Phone Number: _____

City, State, Zip: _____ Fax Number: _____

Contact Name: _____ Account Number: _____

Type of Account: _____ Account Number: _____

## Officers, Owners, Partners or Principals:
Name & Title: _____ Name & Title _____

Home Address: _____ Home Address: _____

City, State, Zip: _____ City, State, Zip: _____

Social Sec. #: _____ Social Sec. # _____

## Trade References:
Company Name: _____         Company Name: _____

City, State, Zip: _____         City, State, Zip: _____

Phone Number: _____         Phone Number: _____

Fax Number: _____         Fax Number: _____

Account #: _____         Account #: _____


Company Name: _____         Company Name: _____

City, State, Zip: _____          City, State, Zip: _____

Phone Number: _____         Phone Number: _____

Fax Number: _____         Fax Number: _____

Account #: _____         Account #: _____

**Business Credit Applicant ("Company") acknowledges that the above information is true and accurate. The undersigned individual(s) warrant(s) that he and/or she is/are authorized to execute this application. The signature below serves as authorization to receive both personal and company credit information necessary to process this application. Company agrees to pay all costs incurred by Crown Rental Co. Inc. in collecting past due balances, including reasonable attorneys' fees. Collection fees, finance charges, and NSF check fees. This AGREEMENT is entered into in Dakota County, State of Minnesota and will be governed by the laws of the State of Minnesota, and shall for all purposes be construed and enforced in accordance with Minnesota law. Any disputes hereunder shall be resolved in the courts of Dakota County, State of Minnesota.**

**Signature/Title: _____   Date: _____**

**CROWN EQUIPMENT RENTAL COMPANY**

**CHARGE ACCOUNT**
**AUTHORIZED BUYERS / SPECIAL INSTRUCTIONS**

**ACCOUNT NAME:** _____ **DATE:** _____

**ACCOUNT NUMBER:** _____

**PERSON RESPONSIBLE FOR ISSUING CHECKS:** _____

**If there are restrictions on who may sign for material, please list below.**
**Authorized signatures: ( Please print )**
   1. _____ **D.L.#** _____

   2. _____ **D.L.#** _____

   3. _____ **D.L.#** _____

**( See attached sheet for additional if needed.)**

| **THE ACCOUNT REQUIRES:** | **( YES )** | **( NO )** |
|---|---|---|
| **1. PURCHASE ORDER** | _____ | _____ |
| **2. JOB IDENTIFICATION** | _____ | _____ |
| **3. VERIFICATION WITH OFFICE** | _____ | _____ |
| **4. DAMAGE WAIVER ACCEPTED** | _____ | _____ |
| **( If not we will need a certificate of insurance sent to us. )** | | |
| **5. TAX EXEMPT** | _____ | _____ |
| **6. SPECIAL BILLING ADDRESS** | _____ | _____ |

   **If so:** _____

   _____
   **( Street )**

   _____
   **( City, State, Zip )**

   _____
   **( Attention )**

**Signed:** _____

**Comments:**

**Estimated monthly Rentals/Purchase's $_____**

**Billing address: _____**
**City: _____**
**State: _____Zip: _____**

**Accounts Payable contact: _____ Phone: _____**

**Would you prefer invoices mailed _____ Faxed _____ e-mailed _____ Given to Employee _____**
**( More than one can be checked )**

**<u>AUTHORIZED USER LIST:</u>**

**Name:** _____ **DL#** _____

**Employee ID#** _____
_____

**Name:** _____ **DL#** _____

**Employee ID#** _____
_____

**Name:** _____ **DL#** _____

**Employee ID#** _____
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**Name:** _____ **DL#** _____

**Employee ID#** _____
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**Name:** _____ **DL#** _____

**Employee ID#** _____