

# **RENTAL SUPPLY INC.**

9080 Veterans Memorial Drive O'Fallon, MO 63366 Tel 636-272-7368 Fax 636-272-7373

## CONFIDENTIAL CREDIT APPLICATION

Legal Business Name \_\_\_\_\_

Trade style (D/B/A) \_\_\_\_\_

Billing Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone (\_\_\_\_) \_\_\_\_ - \_\_\_\_ Fax (\_\_\_\_) \_\_\_\_ - \_\_\_\_ E-Mail \_\_\_\_\_

Proprietorship  Partnership  Corporation  LLC  LLP Fed ID # \_\_\_\_\_

Established \_\_\_\_\_ Years Under Current Ownership \_\_\_\_\_ Years at Current Address \_\_\_\_\_

Principals (owners if proprietorship, all general partners if partnership or officers with title if corporation):

Name \_\_\_\_\_ Title \_\_\_\_\_ SS # \_\_\_\_\_

Name \_\_\_\_\_ Title \_\_\_\_\_ SS # \_\_\_\_\_

Name \_\_\_\_\_ Title \_\_\_\_\_ SS # \_\_\_\_\_

Has any Principal of this company been involved in prior bankruptcy? No  Yes

If yes, please indicate name and location of company: \_\_\_\_\_

A/P Contact Name \_\_\_\_\_ Phone (\_\_\_\_) \_\_\_\_ - \_\_\_\_ Fax (\_\_\_\_) \_\_\_\_ - \_\_\_\_

---

Bank Name \_\_\_\_\_ Phone (\_\_\_\_) \_\_\_\_ - \_\_\_\_ Fax (\_\_\_\_) \_\_\_\_ - \_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Savings A/C # \_\_\_\_\_ Checking A/C # \_\_\_\_\_ Loan A/C # \_\_\_\_\_

D-U-N-S No. \_\_\_\_\_

