

# HANDY TOOL RENTAL CREDIT APPLICATION

FAX TO: 513-521-5614

NAME \_\_\_\_\_ TELEPHONE# \_\_\_\_\_ FAX# \_\_\_\_\_

ADDRESS \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

ACCOUNTS PAYABLE CONTACT \_\_\_\_\_ LENGTH OF TIME IN BUSINESS \_\_\_\_\_

PRINCIPAL OWNERS \_\_\_\_\_ SOCIAL SECURITY \_\_\_\_\_

\_\_\_\_ CORPORATION \_\_\_\_ PROPRIETORSHIP \_\_\_\_ PARTNERSHIP IF PROPRIETORSHIP OR PARTNERSHIP  
CONTINUE

HOME ADDRESS \_\_\_\_\_ TELEPHONE# \_\_\_\_\_

DRIVERS LICENSE #/STATE \_\_\_\_\_ DATE OF BIRTH \_\_\_\_\_

DO YOU REQUIRE P.O. NUMBERS? \_\_\_\_\_ JOB LOCATIONS? \_\_\_\_\_

PLEASE LIST ANY AUTHORIZED SIGNERS \_\_\_\_\_

DO YOU WANT TO BE COVERED BY DAMAGE WAIVER, 8% CHARGE OF RENTAL? \_\_\_\_\_

BANK NAME \_\_\_\_\_ TELEPHONE # \_\_\_\_\_ FEDERAL ID # \_\_\_\_\_

ADDRESS \_\_\_\_\_ CONTACT PERSON \_\_\_\_\_

## **BUSINESS REFERENCES** \_\_\_\_\_

NAME \_\_\_\_\_ CONTACT PERSON \_\_\_\_\_

ADDRESS \_\_\_\_\_ TELEPHONE# \_\_\_\_\_

NAME \_\_\_\_\_ CONTACT PERSON \_\_\_\_\_

ADDRESS \_\_\_\_\_ TELEPHONE# \_\_\_\_\_

NAME \_\_\_\_\_ CONTACT PERSON \_\_\_\_\_

ADDRESS \_\_\_\_\_ TELEPHONE# \_\_\_\_\_

**TERMS NET 30 DAYS. PAST DUE ACCOUNTS BEAR LATE CHARGE OF 1.5% PER MONTH.**

I AUTHORIZE HANDY TOOL RENTAL TO CHECK MY CREDIT. APPLICANT'S SIGNATURE \_\_\_\_\_

DATE \_\_\_\_\_

I HEREBY PERSONALLY GUARANTY THE PAYMENT OF THE ACCOUNTS AS STATED ABOVE.

\_\_\_\_\_  
SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_ SOCIAL SECURITY \_\_\_\_\_