

RENTSEQUIPMENT & SUPPLIES

	Shipping Address	
	City	
StateZip Code	State Zip Code	
Phone No	Fax No	
Type of Organization: Individual Proprietor	Partnership Corporation	
Contact Name – Purchasing/Rental		
Contact Name – Accounts Payable		
Line of Business		
Tax Exempt <u>yes</u> <u>no</u> (If yes, please furnish tax exempt ce	ertificate)	
Federal ID Number	P.O. Required: Yes () No ()	

References

Bank:		Credit:	
Name		Name	
Address		Address	
 City	State	City	State
Zip Code		Zip Code	
Account No		Account No	
Credit:		Credit:	
Name		Name	
Address		Address	
	State		State
Zip Code		Zip Code	
Account No		Account No	·
PLEASE FAX T	O (317) 423-6300		
INDIAN (317) 423	APITOL AVE APOLIS, IN 46204		
		TERMS AND CONDIT	
Application Contained in the introduced Indiana, 46204, on to pay the outstand A. To pager years B. In the receive fees, of	cant agrees to make payme nvoice, as they may exist f n any balances outstanding ding principal balance plus y interest on any unpaid ba ar or the maximum rate pe event of default in the acc red, to pay all cost and exp	from time to time, to BAM Rents at from time to time; and in the ever accrued interest and expenses on alance not paid within the time programitted by law. eptance of goods or services order enses, an amount not less than 25% collection and court time in remed	NET 30 days or the terms and conditions t 902 N. Capitol Avenue, Indianapolis, nt of a default of timely payment by the applicant
Signature _	(Owner partner or officer	Title:	Date