



EQUIPMENT RENTALS

1019 Ulupono Street ▪ Honolulu, Hawaii ▪ 96819
PHONE (808) 847-4267 ▪ FAX (808) 842-1514

CREDIT APPLICATION

BUSINESS NAME: _____

STREET ADDRESS: _____ **P.O. BOX** _____

CITY: _____ **STATE:** _____ **ZIP:** _____

PHONE: _____ **FAX:** _____ **OTHER:** _____

CONTACT NAME: _____ **email:** _____

CONTRACTOR'S LICENSE #: _____ **YEAR ISSUED:** _____

BUSINESS TYPE: _____ **SOLE PROPRIETOR** _____ **PARTNERSHIP** _____ **CORPORATION**

DATE WHEN STARTED/INCORPORATED: _____

LIST OTHER PRINCIPLES IN PARTNERSHIP OR CORPORATE OFFICERS:
(List SSN for sole proprietor or partnership only)

NAME	TITLE	SSN
_____	_____	_____
_____	_____	_____
_____	_____	_____

HOW LONG IN BUSINESS? _____ **YEARS.** **IF LESS THAN 2 YEARS, MUST LIST PRIOR:**

PARENT COMPANY (NAME/ADDRESS): _____

ARE PURCHASE ORDERS REQUIRED FOR RENTAL? _____ **YES** _____ **NO**

TAX STATUS: _____ **EXEMPT** _____ **NOT EXEMPT** (if exempt, must attach certificate)

DO YOU HAVE LIABILITY INSURANCE COVERAGE? _____ **YES** _____ **NO**
(Must provide a copy of your current General Liability Policy)

TYPES OF EQUIPMENT MOST LIKELY TO BE RENTED BY YOUR COMPANY:

_____ **BOOMLIFTS** _____ **SCISSORLIFTS** _____ **FORKLIFTS** _____ **TRAILER BOOMS**

_____ **PORTABLE MATERIAL LIFTS** _____ **PORTABLE PERSONNEL LIFTS**

A&E EQUIPMENT RENTALS

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BANK REFERENCES:

BANK NAME: _____ CITY/BRANCH: _____

CONTACT PERSON: _____ PHONE: _____

CHECKING ACCOUNT #: _____ LOAN ACCOUNT #: _____

TRADE REFERENCES (no subcontractors):

	NAME	ADDRESS	PHONE
1.	_____	_____	_____
2.	_____	_____	_____
3.	_____	_____	_____
4.	_____	_____	_____
5.	_____	_____	_____

BONDING COMPANY (NAME/ADDRESS) _____

For the purpose of establishing a credit line with A&E Equipment Rentals, Inc. I hereby authorize the above Named bank trade references to furnish the requested account/credit information.

Signature

Date

Title

.....
IN CONSIDERATION OF SELLER'S APPROVAL OF THIS CREDIT APPLICATION AND ANY CREDIT NOW OR HEREAFTER EXTENDED BY SELLER TO APPLICANT(S), THE UNDERSIGNED HEREBY UNCONDITIONALLY GUARANTEES THE PAYMENT OF THE ACCOUNT STATED ABOVE IN ALL ITS TERMS MADE WITH OR WITHOUT NOTICE GIVEN TO THE UNDERSIGNED, WAIVES DEMAND FOR PAYMENT AND CONSENTS THAT EXTENSION OF TIME FOR PAYMENT MAY BE GRANTED TO THE APPLICANT(S) WITHOUT NOTICE TO, AND WITHOUT RELEASING THE LIABILITY OF, THE UNDERSIGNED.

Personal Guarantor (signature) Date

Personal Guarantor (signature) Date

PRINT NAME: _____

PRINT NAME: _____

ADDRESS: _____

ADDRESS: _____