



Credit Application

Fax completed application to (703) 661-8722

Remit payments to:

44232 Mercure Circle
Dulles, VA 20166
Phone: (703) 661-8260
Fax: (703) 661-8722

Acct # _____

Limit _____

Salesman # _____

Information must be complete and the application must be signed.

Legal business name: _____ Fed ID #: _____

Trading as: _____ Mo/Yr established: _____

Physical address: _____ State of Incorporation: _____

(no PO boxes) _____ Phone number: _____

_____ Fax number: _____

Mailing address: _____

(if different) _____

Owner/corporate officer: _____ Title: _____

Address: _____ Phone #: _____

Bank name: _____ Account # _____

Address: _____ Phone #: _____

_____ Fax #: _____

Credit References: (Name/Phone/Fax required) (Trade references only – no credit cards)

Name: _____ Phone: _____ Fax: _____

Name: _____ Phone: _____ Fax: _____

Name: _____ Phone: _____ Fax: _____

Information required on contracts: (check all that apply) Type of Business: _____

Job name or #: _____ Purchase order #: _____ Website/E-Mail Address: _____

List authorized signatories: _____

Tax exempt #: _____ State: _____ (please fax tax exempt certificate with this applications)

Terms of Credit: The undersigned ("Customer") in consideration of Lessor extending commercial credit based upon the information furnished herein, agrees that by executing this application: (a) all purchases/rentals made by Customer from Capital Rentals, Inc. ("Lessor") are subject to the terms and conditions contained herein; (b) Customer has reviewed and accepts the terms and conditions of Lessor's rental contract, which are on the reverse side of each and every rental contract; (c) such terms and conditions are deemed incorporated into and made a part of this agreement and each and every rental of equipment and/or provision of labor furnished to Lessee, whether or not Lessee executes each such rental contract; and (d) any terms and conditions appearing in the Customer's acceptance or purchase order (PO) that are inconsistent with or in addition to the terms and conditions of this agreement shall be void and of no effect. If a PO number is required, it is the responsibility of the Customer to supply this number before or at the time of purchase/rental.

In making this agreement I/we understand and agree to Lessor's terms of payment as follows: Payment is due in full within 30 days of contract date (net 30) and all invoices/contracts not paid when due will incur service charges of 1.5% per month. Any disputed invoices must be brought to the attention of the Lessor within fifteen (15) days of the receipt OR the invoices/contracts are deemed correct and undisputed. At Lessor's discretion, any account with a delinquent balance may be placed on a cash basis, deposits may be required and the rental equipment picked up without notice. If collection of amounts due requires the assistance of a collection agency or attorney I/we agree to pay all cost and expenses of collections including but not limited to attorney's fees and expenses incurred while trying to collect on this account.

The individual executing this agreement below warrants that they are authorized to do so and the information contained in this agreement is a true and correct statement of the financial condition of Customer. If any part of this agreement is held unenforceable, the remainder of this agreement shall not be affected thereby.

Damage waiver is charged on all rentals unless a valid certificate of insurance is submitted to Capital Rentals, Inc. prior to the rental. I authorize the above referenced credit and bank references to release information to Capital Rentals, Inc. I guarantee payment of this account.

Signature of applicant/customer: _____ Title: _____

Printed name of signer: _____ Date: _____