



**New Account Application**

# **RENTAL CENTER**

*If You Have The Job, We Have The Tools!*

800 Geipe Road • Catonsville, MD 21228 • 410-744-2323 • fax: 410-788-2463

## **Business Information**

Date \_\_\_\_\_

Full Legal Name: \_\_\_\_\_

Doing Business as: \_\_\_\_\_

Address (main): \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Billing Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_ E-mail: \_\_\_\_\_

Nature of Business: \_\_\_\_\_ Years in Business: \_\_\_\_\_

Corporation  Partnership  Proprietorship  Other: \_\_\_\_\_

Officer(s) or Owner(s) Name, Address and Phone #: \_\_\_\_\_

## **Bank Reference**

Bank Name: \_\_\_\_\_ Account No.: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

## **References (three required)**

Company Name: \_\_\_\_\_ Account #: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Company Name: \_\_\_\_\_ Account #: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Company Name: \_\_\_\_\_ Account #: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

**PLEASE COMPLETE REVERSE SIDE**

## Authorization to Charge

Purchase Order Number (PO#) Required? Yes No    Job Number Required? Yes No  
Will it be necessary to keep an up-to-date list of persons authorized to charge? Yes No  
(If yes, attach a list of names authorized to charge. Any names that need to be added or deleted must be done in writing.)

## Maryland Sales Tax (check one)

- All transactions are taxable
- All transactions are tax exempt. (If tax exempt, complete the following)

## Maryland Sales Tax Blanket Certificate

I certify that, unless I advise you to the contrary in writing, that all property and/or services purchased or leased are tax exempt because: (check one)

- Property and/or services will be resold or rented in ordinary course of purchaser's business conducted under Maryland State Tax License #: \_\_\_\_\_
- Property and/or services will be used in organization with Maryland Tax Exempt #: \_\_\_\_\_
- Other valid reason. (If other valid reason applies, a separate exemption certificate must be submitted)

The provisions of this certificate are part of every transaction between the parties herein. I am authorized to execute this certificate and claim the exemption. Misuse of this certificate by the seller, lessor, buyer, lessee or representatives, is punishable by fine and/or imprisonment.

## Terms, Finance Charges & Collection

**TERMS** are net 30 days. (Payment is due on or before 30 days from date of invoice. If payment is not received within 60 days of invoice date, your account will be placed on C.O.D.)

**FINANCE CHARGES** are calculated on invoices not paid 30 days after invoice date. After 30 days, invoices not paid will accrue carrying a finance charge of 1-1/2% per month until paid. (Which is an annual percentage rate of 18%)

**COLLECTION:** an additional fee of 30% of the total amount due will be charged on accounts placed in collection, to cover attorney's fees and other costs.

## Officer, Owner or Partner

I (name) \_\_\_\_\_ am authorized to sign this application for credit and hereby acknowledge personal responsibility for payment of bills incurred under this account.

The undersigned authorizes ABC Rental Center to investigate our credit history, bank references, and any information necessary to extend credit.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date