

CREDIT APPLICATION

Scugog Equipment Rentals

PH: 905-852-4416

HEAD OFFICE: 11 DOUGLAS RD.,
UXBRIDGE, ON
L9P 1S9

27 EASY ST.
PORT PERRY, ON
L9L 0A1

Return to bethanyser@gmail.com

COMPANY NAME: _____

ADDRESS: _____

POSTAL CODE: _____ PH: _____ FAX: _____ CELL: _____

E-MAIL ADDRESS: _____

H.S.T. BUS. REGISTRATION NO: _____ NATURE OF BUSINESS: _____

YEARS IN BUSINESS: _____ CORP.: _____ PARTNERSHIP: _____ PROPRIETORSHIP: _____

NAME OF PRINCIPAL / PRESIDENT: _____

NAME OF PARTNER / TREASURER: _____

BANK NAME & BRANCH: _____

CONTACT PERSON: _____

TRADE REFERENCES: We require an email address for all credit references.

1. _____	2. _____
NAME	NAME
_____	_____
ADDRESS	ADDRESS

E-MAIL: _____ E-MAIL: _____

CONDITIONS: OUR TERMS ARE 30 DAYS EOM. TAXES BILLED IF EXEMPTION NUMBER HAS NOT BEEN PROVIDED. WE REQUIRE A VISA OR MASTERCARD TO BE KEPT ON FILE FOR SECURITY PURPOSES. CARD: _____ EXP: _____ 3 DIGIT V CODE ON BACK: _____

THE UNDERSIGNED IS AUTHORIZED AND CERTIFIES THAT THE INFORMATION ABOVE IS TRUE AND CORRECT.

DATE: _____ SIGNATURE: _____

Application will not be considered unless completed in full