

A. C. EQUIPMENT RENTAL, INC,

1221 OLD HWY 31 EAST
CLARKSVILLE, IN 47129
(812) 282-1600 Fax: 282-1602

800 CHAMBER LANE
CORYDON, IN 47112
(812) 738-6555

1-888-282-RENT (7368)

PLEASE PRINT

Account Application

Name: _____
Mailing Address: _____
City, State, Zip: _____
Street Address: _____
City, State, Zip: _____
Telephone: _____ Fax Number: _____
Mobile Phone: _____ Pager Number: _____
Social Security #: _____ Drivers License # & State: _____

Type of Business

Corporation: _____ Partnership: _____
Sole Proprietorship: _____ Individual: _____
Years in Business: _____ Tax Exempt in the state of: _____
Tax Exempt #: _____ *Certificate must be on file
Do you require purchase order numbers? Yes _____ No _____
Names & Titles of Officers, Partners, or Owners: _____

Insurance

Do you have insurance that specifically covers rented or leased equipment?

- Yes: If so, have your insurance company supply us with a copy.
- No: An insurance binder will be added to your rental charges.

Personal Guarantee

It is fully understood and agreed that upon approval of this application that I, or We, fully guarantee and hold myself/ourselves personally responsible for payment at maturity the purchase price of goods, ware and merchandise so delivered. This Guaranty is considered to be a continuing Guaranty, and can only be revoked in writing with written acknowledgement of A.C. Equipment Rental, Inc., the company honoring this application. It should be fully understood that all charges are due in full 30 days from billing. Finance charges begin accruing after 30 days at 1.5% per month (18% APR). FAILURE TO REMIT IN 30 DAYS WILL RESULT IN LOSS OF CREDIT. Customer agrees to pay all attorney fees and court cost incurred by A. C. Equipment Rental, Inc., if account should be turned over for collection.

Signature: _____ Title: _____ Date: _____

Signature: _____ Title: _____ Date: _____

