Bluegrass Equipment Rentals
12637 Paul Coffey Blvd
Ashland, Ky 41102
Office: (606) 694-3396
Email: rentals@bluegrassequipmentrentals.com
www.bluegrassequipmentrentals.com

NEW CUSTOMER CREDIT APPLICATION

BILLING INFORMATION:

Company Name: _____

DBA: _____

Billling Address: _____ County: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Fax: _____ Email: _____

SHIPPING INFORMATION:

Shipping Address: _____ County: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Fax: _____ Email: _____

CONTACTS:

Purchasing: _____

Telephone: _____ Fax: N/A Email: _____

Accounts Payable: _____

Telephone: _____ Fax: N/A Email: _____

OWNERSHIP:

Type of Ownership: ____ Corporation ____ Partnership ____ Sole Proprietor

Date Incorporated: _____ State of Incorporation: _____

Federal Tax ID or Social Security #: _____ SIC #: _____ ITA #: _____

Date Business Opened: _____ Number of Years at Present Address: _____

Persons Authorized to Charge to This Account: _____

List Principal Shareholders, Corporate Officers, Partners and Proprietors [Include Names and Titles]:

ADDITIONAL INFORMATION:

Do you require purchase order numbers? ____ Yes ____ No

Sales Tax Exempt: ____ Yes ____ No [If yes, attach applicable state sales tax exemption certificate]

Preferred Invoice Delivery: ____ Mail ____ Email List Email Address: _____

Preferred Payment Method: ____ Check ____ ACH Wire ____ Visa ____ MasterCard ____ Amex

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TRADE REFERENCES:

1. Company Name: _____
   Mailing Address: _____
   City: _____ State: _____ Zip: _____
   Contact Name: _____ Account Number: _____
   Telephone: _____ Fax: _____ Email: _____

2. Company Name: _____
   Mailing Address: _____
   City: _____ State: _____ Zip: _____
   Contact Name: _____ Account Number: _____
   Telephone: _____ Fax: _____ Email: _____

3. Company Name: _____
   Mailing Address: _____
   City: _____ State: _____ Zip: _____
   Contact Name: _____ Account Number: _____
   Telephone: _____ Fax: _____ Email: _____

BANKING REFERENCE:

Bank Name: _____
Mailing Address: _____
City: _____ State: _____ Zip: _____
Contact Name: _____ Account Number: _____
Telephone: _____ Fax: _____ Email: _____

Standard terms are Net 30 days from Invoice Date. There is a $35.00 charge for all returned checks. We retain the right to update this credit information at routine intervals and may require a new credit application at any time in the future. We retain the right to place delinquent accounts on Credit Hold and/or COD status. Collection charges and any court or attorney fees accrued in the collection of unpaid invoices will be the debtor's responsibility to pay in full.

I hereby accept the above terms and conditions and authorize H&K Equipment to investigate the credit references submitted herein, and authorize the bank and trade references to release information relating to our financial responsibility.

Authorized By (Print): _____ Title: _____

Signed: _____ Date: _____

FOR INTERNAL USE ONLY: ____ Approved ____ Declined Limit: _____

Salesperson: _____ Account Number: _____