



# RENTAL SYSTEMS

## Customer Information

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Company Name	Date
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Street Address	City	State	Zip
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### 1. Billing Address *(if different from Business Address)*

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Street Address	City	State	Zip
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Accounting Contact	Phone	Fax No.
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### 1. Internet Billing *(if you wish to receive invoices via email, please provide an appropriate email address below)*

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Email

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Own? (yes/no)	Yrs. at Address	Phone	Fax No.	Yrs. in Operation
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Website	Nature of Business	Subsidiary of?	Federal Tax ID No.
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**Business Structure**     Sole Proprietor     Partnership     LLC     Corporation

**Form of Payment**     Credit Card     Wire Transfer     Check     ACH

### Check if Yes

- Certificate of Insurance Attached?
- Exempt from paying sales tax?  
*If yes, please attach a valid tax exempt certificate; note that tax will be charged unless a certificate is received prior to invoicing.*
- Purchase Order number required on each invoice?
- Any restrictions on who can order or sign for equipment?  
*If yes, please attach a list of authorized employees.*



**RENTAL  
SYSTEMS**

## Owner/Officer Information

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Name Title

**Do you currently own any other businesses that are doing business with Carrier or have in the past?**

*If yes, please list company name and location below.*

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Company Name City/State

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Company Name City/State

## Bank Account Information

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Name Address Account No. Acct Contact Phone No.

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Name Address Account No. Acct Contact Phone No.

## Trade References

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Name Phone No.

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Address Account Contact Fax No.

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Name Phone No.

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Address Account Contact Fax No.

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Name Phone No.

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Address Account Contact Fax No.

