



CREDIT APPLICATION AND AGREEMENT

3131 E. Main St., Columbus, OH 43213

614-231-3657 FAX: 614-231-4114 EMAIL: wendy@murraystool.com

APPLICANT _____ EMAIL _____ DATE _____

Place of Business Address _____
Street City State Zip

Phone (____) _____ Fax (____) _____

AP Contact _____ Year Established _____

Email for invoices to be sent if different than above _____

Type of Organization: Sole Proprietorship___ (SS# _____) Corporation___ (Fed ID# _____) LLC___

Please provide names of Principals, Partners or Sole Proprietor:

Name Title Address

Name Title Address

Purchase Order Required to Charge to your Account? YES___ NO___
Damage Waiver 10% _____ OR _____ Certificate of Insurance will be provided with this application
(If you choose "Certificate of Insurance" a binder listing Murray's Tool Rental as "additionally insured" and the Certificate Holder must be received by Murray's Tool Rental, or the 10% Damage Waiver will be added to your account.)

Please attach a list of names authorized to charge to your account, if no list is attached we will assume that you are authorizing all of your employees. List Attached: YES _____ NO _____

BUSINESS REFERENCES

Firm/Name _____ Account No. _____

City/State _____ Phone No. _____ Fax No. _____

Firm/Name _____ Account No. _____

City/State _____ Phone No. _____ Fax No. _____

Firm/Name _____ Account No. _____

City/State _____ Phone No. _____ Fax No. _____

WE ON BEHALF OF THE UNDERSIGNED ENTITY AGREE TO PAY FOR ALL THE CHARGES TO OUR ACCOUNT UNDER THE FOLLOWING TERMS AND CONDITIONS:

Terms: Invoices are due upon receipt and past due after 30 days from date of invoice. In the event suit is filed to enforce payment of any sums due under this agreement, I/We agree to pay reasonable court costs and attorney fees. I understand that there may be occasions when I am unable to execute Rental Agreements before equipment

I hereby authorize the above listed bank, insurance company and business references, or others contacted at Murray's Tool Rentals discretion to release credit and account information to Murray's Tool Rental for the purpose of establishing credit privileges. Murray's Tool Rental retains a security interest in all equipment rented or sold until total invoice amount(s) has been paid. I/We understand that unless proof of liability insurance is other wise provided, Damage Waiver coverage shall be added to all rental contracts. In the event Murray's Tool Rental must use third-parties for collection of any delinquent balances due, I/We agree to pay interest at the rate of 1.5% per month {or such other rate allowed by prevailing law}, reasonable attorney fees, collection fees and/or incurred court costs allowed by law. I/We understand that this constitutes an application only and shall not bind either Murray's Tool Rental or the applicant in relation to any proposed credit transactions. An electronically transmitted copy of this signed application shall be considered as the original.

APPLICANT & TITLE _____

AUTHORIZED SIGNATURE _____

PRINTED NAME _____