

**Miller's Equipment & Rent-All Inc.**

**Application for Credit Terms**

22901 Highway 99  
Edmonds, WA 98026

Phone: (425) 778-0141  
Fax: (425) 672-8353

Date \_\_\_\_\_

Name of Firm \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Firm Owner \_\_\_\_\_ Spouse \_\_\_\_\_

Home Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Business Phone \_\_\_\_\_ Home Phone \_\_\_\_\_

Bank Reference \_\_\_\_\_ Branch \_\_\_\_\_

Business Type: \_\_\_\_\_ Sole Proprietorship \_\_\_\_\_ Partnership \_\_\_\_\_ Corporation – State of \_\_\_\_\_

Business Credit References (3) – Include other rental equipment firms

1. \_\_\_\_\_ Phone \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

2. \_\_\_\_\_ Phone \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

3. \_\_\_\_\_ Phone \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Personal Reference: Name \_\_\_\_\_ Phone \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Contractor License Number \_\_\_\_\_ Bonding Company \_\_\_\_\_

Make/Year of Auto \_\_\_\_\_ License Plate # \_\_\_\_\_

Requirements/Restrictions (Purchase order, job location, authorized people, etc.)

In consideration of the extension of credit by Miller's Equipment & Rent-All, Inc., a Washington corporation, I/we agree to the following terms and conditions:

All accounts are payable in full on or before the 10<sup>th</sup> day of the month following purchases. All accounts unpaid in accordance with the above shall be charged interest of the rate of 1.5% per month on the unpaid balance. In the event this matter is placed for collection or in the event suit is instituted for the collection of any unpaid amounts, I/we agree to pay all costs, and in addition thereto, a reasonable attorney's fee. I/we, in addition, agree that if we are unable to pay the unpaid balances in accordance with this agreement, to give Miller's Equipment & Rent-All, Inc. such security to secure the unpaid balance as requested by them.

Signed \_\_\_\_\_

Title \_\_\_\_\_

Date \_\_\_\_\_

If corporation, please provide us with a list of officers, directors, and registered agent.