

U Rent It / Scaffolding Systems Inc.

2819 28th St. SW, Wyoming MI 49519 (616)538-8080 FAX (616) 538-7183

"THE BIGGEST TOOLBOX IN TOWN"

Credit Application

Company Name: _____

Phone Number: (____) _____ Email: _____

Street Address: _____

City: _____ State ____ Zip _____

Years in business: _____ Yrs. at this address: _____

Principals of Company: 1) _____ 2) _____

Tax Exempt (Yes or No) _____ Tax Id# _____

PO # Required (Yes) or (No) _____

List all persons authorized to rent equipment on this account

1) _____ 2) _____

3) _____ 4) _____

5) _____ 6) _____

3 Trade References Required

1) Company Name: _____

Address: _____

Phone# _____ Acct# _____

Fax # or email: _____

2) Company Name: _____

Address: _____

Phone# _____ Acct# _____

Fax # or email: _____

3) Company Name: _____

Address: _____

Phone# _____ Acct# _____

Fax # or email: _____

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Promissory Note - Personal Guarantee

Upon default in payment of any principal amount or of interest when due, the whole of the principal sum then remaining unpaid and all interest shall become immediately due and payable. The undersigned and all endorsers and guarantors, jointly and severally, waive presentment, demand for payment, notice of dishonor, notice of protest and all other notices or demands in connection with the delivery, acceptance, performance, default, endorsement or guaranty of this instrument. The undersigned further promise to pay all cost of collection, including reasonable attorney's fees, in the event of default of the undersigned.

Company Name: _____

Personal Guarantor Signature: _____

Print Name: _____

Title: _____

Date: _____

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Credit Card Backer Authorization: NET: 30 days

Company Name: _____

Phone: _____

Address: _____

Card Type: (Visa) / (Master Card) / (Discover)

Name on Credit Card: _____

Credit Card # _____

Expiration: ____ / ____

Security code: _____

Matching Address for Credit Card: *if different than above

Street number: _____

Zip Code: _____

I authorize U Rent It / Scaffolding Systems Inc. to charge my/our credit card.

***if credit card is used for payment, a 3% fee is added to total.**

Authorized Signature: _____

Printed name: _____

Title: _____

Date: _____