

RENTAL CREDIT APPLICATION

CUSTOMER INFORMATION

| | | | |
|-----------------------------------|----------------------------|-------------------------------------|------------------------------|
| _____ Company Name | _____ Physical Address | _____ City/State/Zip | |
| _____ Contact Name | _____ Billing Address | _____ City/State/Zip | |
| _____ Phone Number | _____ Fax Number | _____ E-Mail & Web Site Address | |
| _____ Division / Subsidiary of | _____ Began Operations | _____ No. of Employees | _____ DUNS Number |
| _____ Headquarters Ph# | _____ Type of Business | _____ Federal ID No. | _____ Incorporated Yes No |
| _____ State Organized Under | _____ Tax Exempt Yes No | _____ Is a P.O. Required? Yes No | |

BANKING INFORMATION:

| | | |
|-----------------------|-------------------------|-----------------------------|
| _____ Bank Name | _____ Bank Phone # | _____ Bank Fax # |
| _____ Bank Address | _____ City/State/Zip | _____ Account Number (s) |
| _____ Contact Name | _____ Comments | |

INSURANCE INFORMATION:

| | | |
|--------------------------|-------------------------|-----------------------|
| _____ Insurance Agent | _____ Agents Phone # | _____ Agents Fax # |
| _____ Address | _____ City/State/Zip | _____ Contact Name |

TRADE REFERENCES:

| | | | |
|------------------------|------------------|----------------|-----------------------|
| _____ Supplier Name | _____ Phone # | _____ Fax # | _____ Contact Name |
| _____ Supplier Name | _____ Phone # | _____ Fax # | _____ Contact Name |
| _____ Supplier Name | _____ Phone # | _____ Fax # | _____ Contact Name |

I authorize the release of Credit, Banking & Insurance information to Reliant Leasing Systems and I acknowledge that the credit terms of which I am requesting are due within 30 days.

Authorized Signature _____ Date _____