

## **Credit Application & Agreement**

egal name:					
Address:					
City:	Province:	Province: Postal Code:			
Геlephone:					
PST # (only required for PST exemp	t accounts):				
	Type of Busines	s (please check o	ne)		
○ Sole Proprietor ○ Par		Partnership	rtnership		
<ul><li>Limited Liability</li></ul>	<i>y</i>	Government	○ Non-profit		
	Principal Ov	vners or Officers			
Full name	Title	Social Se	curity No.	Phone	
	Accounts P	ayable Contact			
Name			Telephone		
Email for receiving Statements			Email for AP		
<u>References</u>					
	Bank II	nformation			
Name:		Account No:	1		
Contact:	Address:		Telephone	:	

## **Trade References (please list three)**

		,					
Company Name	Contact	Telephone	Email				
Please supply the follow	ving information						
1. Credit amount re	equested:						
3. Do you have insu							
please fill out and at	er this waiver and is n tach the signed damo I out about T.O.C. Rer	ige waiver policy.	waiver is to be declined,				
, iii	_		) out				
	Online C	Referral (	Other Other				
<ul> <li>are true.</li> <li>I/we give author</li> <li>I/we are aware t</li> <li>All delinquent ac and Sales Inc.</li> <li>I/we agree to the agreement, cont</li> </ul>	pplication for a charg ization to obtain and hat all invoices are ductounts are subject to e terms and condition ract, or invoice.	e account and certify the account and certify the report business and page and page before and page and page and page and page and page as deemed as as stated on every Tage as stated on every Tage as a stated on	that the above statements ersonal credit information. 30 days of the invoice date. necessary by T.O.C. Rentals .O.C. Rentals and Sales Inc. or missing equipment.				
Print Name:	•		·				
	rized Representative)						
Authorized Signature:							
Title:							

