



CREDIT APPLICATION

Registered business name: _____

Operating name: _____

Mailing address: _____

Telephone: _____ Fax: _____ Cell: _____

Type of business: () Corporation () Partnership () Limited Partnership () Proprietorship

Year Business Established: _____ G.S.T. Reg. # _____

PST Exempt # _____ Reason for Exemption: _____

P.O. # Required? Yes No Credit Limit Requested: _____

Principal Officers/Owners

Name: _____ Title: _____

Address: _____ Phone: _____

Name: _____ Title: _____

Address: _____ Phone: _____

A/P Contact: _____ Phone: _____

A/P Email: _____

Bank Name: _____ Phone: _____

Branch Address: _____

Bank Account # _____ Contact: _____

Internal Use Only: Credit Limit: _____ Approved by: _____ Date: _____



Trade References

Company Name: _____ Phone # _____

Address: _____ Email: _____

Contact Name: _____

Company Name: _____ Phone # _____

Address: _____ Email: _____

Contact Name: _____

Company Name: _____ Phone # _____

Address: _____ Email: _____

Contact Name: _____

Payment is due on the 30th day of the month following the date of the invoice. Any amount not paid when due will be subject to a service charge of 2% per month (24% per annum) until the balance owing is paid in full. In our ongoing effort to be environmentally friendly, we are offering customers a paperless option. To receive your statements and invoices electronically, please provide your email address below. Alternately you can receive invoices by mail.

Email: _____

I, _____, residing at _____ for consideration of your extending credit at my request to _____ (hereinafter referred to as the "Company") of which I am _____ hereby personally guarantee to you the payment of any obligation of the company, and I hereby agree to bind myself to pay you on any sum which may become due to you by the company whenever the company shall fail to pay the same. It is understood that this guarantee shall be a continuing and irrevocable guarantee and indemnity for such indebtedness of the company. I hereby authorize West Equipment Rentals Ltd. to charge any outstanding amounts to the below credit card.

Signature _____ Dated _____

Credit Card # _____ Exp. Date: _____

Name on Card: _____

Persons Authorized to Charge: _____

**PLEASE SEND COMPLETED APPLICATION TO: ACCOUNTS@WESTRENTALS.CA
1875 Government Street - Penticton, BC V2A 8N9 - 250.492.7551**