



APPLICATION FOR CREDIT

Lead ID:
Rep # ID:

Please return the completed application by e-mail to HIR.CreditApps@holtindustrialrentals.com or by fax to (210) 960-4368.

The following information is submitted as a basis for extension of credit by Holt Industrial Rentals, LLC. The applicant attests that all information below is accurate.

NAME OF FIRM _____ CORP PARTNERSHIP SOLE PROPRIETORSHIP
ADDRESS - PROVIDE BOTH BUSINESS AND PO BOX ADDRESS

BUSINESS ADDRESS: _____ SUITE: _____

CITY _____ COUNTY _____ STATE _____ ZIP _____

PO BOX _____ CITY _____ STATE _____ ZIP _____

PHONE () _____ FAX NUMBER: () _____

DIVISION OF _____ MONTHLY STATEMENT? YES NO

TYPE OF BUSINESS _____ HOW LONG IN BUSINESS _____ ARE YOU LISTED IN D&B? YES NO

A/P CONTACT _____ EMAIL ADDRESS _____

DO YOU USE ANY OTHER TRADE NAME? _____ DO YOU REQUIRE A PURCHASE ORDER? YES NO

TAX EXEMPT: YES NO IF TAX EXEMPT, PLEASE ATTACH COPY OF SALES & USE TAX EXEMPT CERTIFICATE

FEDERAL TAX NO. _____

DO YOU HAVE PHYSICAL DAMAGE COVERAGE FOR THE RENTAL EQUIPMENT? YES NO

(IF YES, YOU MUST ATTACH INSURANCE CERTIFICATE INDICATING SUFFICIENT PHYSICAL DAMAGE COVERAGE OR LOSS DAMAGE WAIVER WILL BE CHARGED.)

DO YOU HAVE LIABILITY INSURANCE COVERAGE? YES NO (A CERTIFICATE OF INSURANCE MUST BE ATTACHED TO VERIFY SUFFICIENT COVERAGE.)

OWNERSHIP

OWNER OR PRESIDENT _____ SOCIAL SECURITY NO. _____

HOME ADDRESS _____ CITY _____

STATE _____ ZIP _____ HOME PHONE () _____

PARTNERSHIP OR V/P _____ SOCIAL SECURITY NO. _____

HOME ADDRESS _____ CITY _____

STATE _____ ZIP _____ HOME PHONE () _____

TRADE REFERENCES

COMPANY	COMPLETE ADDRESS	TELEPHONE	CONTACT
1. _____	_____ () _____	_____	_____
2. _____	_____ () _____	_____	_____
3. _____	_____ () _____	_____	_____

BANK REFERENCES

BANK and BRANCH	ACCOUNT NUMBER and TYPE	TELEPHONE	CONTACT
1. _____	_____ () _____	_____	_____
2. _____	_____ () _____	_____	_____

