

# Application for Open Account

## Oak Grove Rental, Inc.

509 N. Broadway

Oak Grove, Missouri 64075

Phone: (816) 690-6800

Fax: (816) 690-6811

[www.oakgroverental.net](http://www.oakgroverental.net)

Complete both pages of this application and return via email to [trevor@oakgroverental.net](mailto:trevor@oakgroverental.net) (preferred)  
fax to 816-690-6811 or in-person.

### Customer Information:

Firm Name \_\_\_\_\_

Street Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Billing Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Telephone # \_\_\_\_\_ Fax # \_\_\_\_\_ Email \_\_\_\_\_

Business Type: Corporation \_\_\_\_\_ Proprietorship \_\_\_\_\_ Partnership \_\_\_\_\_ Government \_\_\_\_\_

If Proprietorship or Partnership, list owners' names, addresses and Social Security # **(REQUIRED)**:

Name \_\_\_\_\_ SS #: \_\_\_\_\_

Name \_\_\_\_\_ SS #: \_\_\_\_\_

If Corporation, please complete the following section:

Federal ID #: \_\_\_\_\_ State of Incorporation \_\_\_\_\_

Principal Stockholder \_\_\_\_\_

Social Security number **(REQUIRED)**: \_\_\_\_\_

Home Address \_\_\_\_\_ Home Phone # \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

### Purchasing Requirements:

Person to contact about this account: \_\_\_\_\_

Title/Position: \_\_\_\_\_ Phone #: \_\_\_\_\_ Email \_\_\_\_\_

List anyone who is authorized to charge on this account:

\_\_\_\_\_ ; \_\_\_\_\_ ; \_\_\_\_\_

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### Purchasing Requirements (continued):

Do you require: (Check all that apply)

PO Number \_\_\_\_\_ Job Number \_\_\_\_\_ Job Address \_\_\_\_\_

Other (please explain) \_\_\_\_\_

### Trade References

1. Company \_\_\_\_\_ Contact Person \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_ Zip \_\_\_\_\_

Phone # \_\_\_\_\_ Fax # \_\_\_\_\_

2. Company \_\_\_\_\_ Contact Person \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_ Zip \_\_\_\_\_

Phone # \_\_\_\_\_ Fax # \_\_\_\_\_

### Bank Reference

1. Bank \_\_\_\_\_ Contact Person \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_ Zip \_\_\_\_\_

Phone # \_\_\_\_\_ Fax # \_\_\_\_\_

### Terms of this Credit Agreement

**Customer agrees to a minimum interest charge on past due balances of 1 ½% per month (18% Annual). The billing cycle ends the last day of each month. Statements will be sent the first day of the month, with payment due by the 10<sup>th</sup> of the month. An account is considered past due and will start to incur finance charges forty-five (45) days after the RETURN of the equipment or merchandise. Non-payment of finance charges on past due balances of over sixty days will result in the revocation of open credit account status. If an account is placed for collection, customer agrees to pay all reasonable court costs, attorney fees and other expenses incurred in the collection of the total amount due. It is the customer's responsibility to inform Oak Grove Rental, Inc., in writing, of any changes to the above information.**

I, the undersigned, certify that I have the authority to enter into the above credit agreement, and I hereby give Oak Grove Rental, Inc, authorization to verify all or part of the above listed confidential disclosures and to verify the credit status of existing lines of credit. I also certify the information given on this application is true to the best of my knowledge.

Signature \_\_\_\_\_

Title \_\_\_\_\_

Print Name \_\_\_\_\_

Date \_\_\_\_\_