

# CREDIT APPLICATION

All components of this application must be completed for credit processing.



## HERC-U-LIFT

5655 HIGHWAY 12 WEST, PO BOX 69  
MAPLE PLAIN, MN 55359-0069

TEL (763) 479-2501 FAX (763) 479-1061 WATS (800) 362-3500

Sales Rep Name: \_\_\_\_\_

Order Pending:  YES  NO

NAME		
Legal Business Name:	Federal ID #	Years in Business:
Owner's Name:	Partner/Co-Applicant Name:	
Billing Address: _____ City _____ State _____ Zip _____ County _____	Ship To Address: _____ City _____ State _____ Zip _____ County _____	
Telephone: ( ) _____ - _____	Fax: ( ) _____ - _____	Cellular: ( ) _____ - _____
Accounts Payable Fax: ( ) _____ - _____		

### BUSINESS OWNERSHIP

Sole Proprietorship  Partnership  Corporation

*Must have social security numbers on all partner(s)*

SS # \_\_\_\_\_ Tax-Exempt:  YES  NO

Co-Applicant SS # \_\_\_\_\_ Sales Tax ID # \_\_\_\_\_

Purchase Order Required:  YES  NO

**Note: If tax exempt, must include copy of certificate with application.**

### BANK REFERENCE (checking & loan)

Bank Name: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_

Telephone: ( ) \_\_\_\_\_ - \_\_\_\_\_ Fax: ( ) \_\_\_\_\_ - \_\_\_\_\_ Account # \_\_\_\_\_

### TRADE REFERENCES

*Principal suppliers with substantial history.*

Company Name: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_

Telephone: ( ) \_\_\_\_\_ - \_\_\_\_\_ Fax: ( ) \_\_\_\_\_ - \_\_\_\_\_ Account # \_\_\_\_\_

Company Name: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_

Telephone: ( ) \_\_\_\_\_ - \_\_\_\_\_ Fax: ( ) \_\_\_\_\_ - \_\_\_\_\_ Account # \_\_\_\_\_

Company Name: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_

Telephone: ( ) \_\_\_\_\_ - \_\_\_\_\_ Fax: ( ) \_\_\_\_\_ - \_\_\_\_\_ Account # \_\_\_\_\_

### TERMS AND CONDITIONS

I (We) the undersigned hereby certify that the information, contained herein, is true and correct. By my signature below I authorize Herc-U-Lift, Inc. to obtain a Consumer Credit Report and/or a Background Report to determine credit worthiness of Applicant.

Authorized Signature \_\_\_\_\_ Date \_\_\_\_\_

Authorized Signature (Partner/Co-Application) \_\_\_\_\_ Date \_\_\_\_\_

### INTERNAL USE ONLY

Application Approved:  YES  NO Management Unit: \_\_\_\_\_

Assigned Account #: \_\_\_\_\_ Territory: \_\_\_\_\_

FINANCE CHARGES OF 1.5% PER MONTH EQUAL TO ANNUAL RATE OF 18%

**A copy of Certificate of Insurance must accompany this document concerning rentals and/or leases.**

**This form may be mailed or faxed using the information located in the address block at the top of this form.**