



**HERC-U-LIFT**

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

# CREDIT APPLICATION

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

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: \_\_\_\_\_ Ship To Address: \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ County \_\_\_\_\_ 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.**