

# CREDIT APPLICATION

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



## HERC-U-LIFT

Since 1968

5655 HIGHWAY 12 WEST  
MAPLE PLAIN, MN 55359

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

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

Order Pending:  YES  NO

Legal Business Name: _____	Federal ID # _____	Years in Business: _____
Company Email address: _____		
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: ( ) _____ - _____		
<b>BUSINESS OWNERSHIP</b>		
<input type="checkbox"/> Sole Proprietorship	<input type="checkbox"/> Partnership <i>Must have social security numbers on all partner(s)</i>	<input type="checkbox"/> Corporation
SS # _____	Tax-Exempt: <input type="checkbox"/> YES <input type="checkbox"/> NO	<b>Note: If tax exempt, must include copy of certificate with application.</b>
Co-Applicant SS # _____	Sales Tax ID # _____	
Purchase Order Required: <input type="checkbox"/> YES <input type="checkbox"/> NO		
<b>BANK REFERENCE (checking &amp; loan)</b>		
Bank Name: _____	City: _____	State: _____
Telephone: ( ) _____ - _____	Fax: ( ) _____ - _____	Account # _____
<b>TRADE REFERENCES</b> <i>Principal suppliers with substantial history.</i>		
Company Name: _____	City: _____	State: _____
Telephone: ( ) _____ - _____	Fax: ( ) _____ - _____	Account # _____
Company Name: _____	City: _____	State: _____
Telephone: ( ) _____ - _____	Fax: ( ) _____ - _____	Account # _____
Company Name: _____	City: _____	State: _____
Telephone: ( ) _____ - _____	Fax: ( ) _____ - _____	Account # _____
<b>TERMS AND CONDITIONS</b>		
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 _____	
<b>INTERNAL USE ONLY</b>		
Application Approved: <input type="checkbox"/> YES <input type="checkbox"/> 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.