

A thru Z TOOL & PARTY SUPPLY RENTAL, INC.

5848 Dorr St.
Toledo, Ohio 43615

APPLICATION FOR MONTHLY CHARGE

In filing this application it is understood that we agree to remit in full for all invoices incurred on or before the 31st of each month no later than the 10th of the following the statement. Unpaid accounts will be closed if not paid by the 25th of the month following the statement.

PLEASE PRINT OR TYPE

Name of Business: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone Number: _____ FAX: _____

Please check one of the following that applies to your company:

Corporation Partnership Contractor

Please check your type of business:

Industrial Commercial Contractor Municipal

Other (please state: _____)

If you are tax exempt, please check the appropriate space and enclose a tax exempt form with your application.

Tax Exempt Not Tax Exempt Tax ID No. _____

Please provide the following information:

Year business was established: _____

How long have you been at the above address: _____

Former address: _____

Name and address of owner:

Name: _____

Home address: _____

Phone number: _____

Name of your bank: _____

Branch and address: _____

Checking Account Number: _____ Savings Account Number: _____

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Please give the name, address, and phone number of no less than four (4) business houses with which you have accounts that exceed \$200.00 other than utilities or department stores.

Name: _____ Phone Number: _____

Address: _____

Name: _____ Phone Number: _____

Address: _____

Name: _____ Phone Number: _____

Address: _____

Name: _____ Phone Number: _____

Address: _____

Who do you rent equipment from now? _____

Who is authorized to make purchases or rentals? _____

Do you require a P.O.? _____

Name of current job? _____

I swear the above information to be correct as stated.

Signed: _____ Phone Number: _____

Date: _____