

Emergency Rental and Supply

P.O. Box 607
Williamsburg, VA 23187
Office: 757-253-9003 Fax: 757-229-2600

Firm Name _____ Office (____) _____

Physical Address _____ Fax # (____) _____

City _____ State _____ Zip _____ E-Mail _____

Mailing Address _____ Age of Firm _____

City _____ State _____ Zip _____ Nature of Business _____

____ Proprietorship ____ Partnership ____ Corporation ____ LLC ____ LLP

Federal ID# (corp. only) _____ Business License # _____

Principal Officers/Owners:

1. _____ Home Address _____ Phone# _____

2. _____ Home Address _____ Phone# _____

3. _____ Home Address _____ Phone# _____

____ Taxable ____ Non Taxable (Attach form)

Bank Reference:

1. _____ Address _____

Phone# _____ Checking Acct.# _____

Trade Reference(s):

1. _____ Address: _____ Contact: _____

Phone #: _____ Fax #: _____ Account #: _____

2. _____ Address: _____ Contact: _____

Phone #: _____ Fax #: _____ Account #: _____

3. _____ Address: _____ Contact: _____

Phone #: _____ Fax #: _____ Account #: _____

The undersigned has given the above information for the purpose of obtaining credit and represents that said information is accurate and complete. Emergency Rental and Supply (ERS) has our authorization to check such credit as deemed necessary to open this account. THE UNERSIGNED AGREES TO PAY FOR SUCH MATERIALS AND/OR SERVICES WITHIN 30 DAYS FROM DATE OF BILLING. The undersigned understands that a service charge of 1-1/2% is charged each month for past due balances unpaid. In the event of default the undersigned agrees to pay attorney's fees and other costs incurred in collection. It is specifically understood that accounts receivable and credit functions are processed through our home office in Williamsburg, Virginia. Consequently, it is understood that venue in any legal action, same shall take place in Williamsburg, VA, at the option of Emergency Rental and Supply.

This agreement shall remain in effect as long as the undersigned shall remain indebted to you.

Firm Name: _____

By: _____ (seal) By: _____ (seal)

Title: _____ Date: _____ Title: _____ Date: _____

For internal use only

References Letter
Date: _____ Date: _____

Approved Y N

Date: _____ By: _____

By: _____ Received: _____

Date: _____ Loc: _____

Account Number: _____ ERS Salesperson: _____