

ERS

P.O. Box 607

Williamsburg, VA 23187

Office: 757-566-2557 Fax: 757-566-2560

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 Approved Y N
 _____ Date: _____ Date: _____
 _____ Date: _____ By: _____ By: _____ Received: _____
 _____ Date: _____ Loc: _____ Account Number: _____ ERS Salesperson: _____