



CREDIT APPLICATION

CREDIT APPLICATION

Date: _____

Company Name: _____

Billing Address: _____

Town/City: _____ Prov.: _____ P.C.: _____

Telephone #: _____ Fax #: _____

Type of Business: _____

Yrs. In Business: _____ Partnership: _____ Corp: _____ Individual: _____

Credit Amount Requested: \$ _____

PRINCIPALS / OFFICERS:

- | <i>Name:</i> | <i>Position:</i> |
|--------------|------------------|
| 1. _____ | _____ |
| 2. _____ | _____ |
| 3. _____ | _____ |

DAMAGE WAIVER: Covers accidental damage and / or mechanical breakdown to items on rent.
8% of gross rental charge.

APPLY DAMAGE WAIVER: Yes: _____ No: _____
Must provide proof of insurance and sign an agreement to have damage waiver declined.

FAX INVOICES/STATEMENT: Yes: _____ No: _____

P.O. REQUIRED: Yes: _____ No: _____



FOR OFFICE USE ONLY

Account Opened Yes: _____ No: _____ Date of Review: _____
Credit Limit: _____ Letter sent: Y: _____ N: _____

Comments: _____





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TRADE REFERENCES (Firms now extending credit):
(Fax numbers are important & please print)

NOTE: INCOMPLETE APPLICATIONS WILL BE DISCARDED!

<i>Name:</i>	<i>Address:</i>	<i>Telephone & Fax</i>
1. _____	_____	/Tel: _____
		/Fax: _____
2. _____	_____	/Tel: _____
		/Fax: _____
3. _____	_____	/Tel: _____
		/Fax: _____

.....
By my signature I hereby acknowledge that I am aware of and agree to abide by all terms and conditions set out by W.R. Monette Enterprises Ltd.. I have signing authority for the company and by my signature the company and/or owner(s) agrees to take full and complete financial responsibility for any and all charges made to W.R. Monette Enterprises Ltd. by myself or any representative of my firm.

Signature: _____

Print Name: _____

Title: _____

Head Office

10348 Cavanagh Rd., **Carleton Place**, Ontario K7C 4W1
613.257.1669. (Tel). 613.257.8845 (Fax)

Branch Locations:

102 Drummond Street East, **Perth**, Ontario K7H 2K7
613.264.0078 (Tel) 613.264.1962 (Fax)

145 Lombard Street, **Smiths Falls**, Ontario K7A 5B8
613.283.3449 (Tel) 613.283.5462 (Fax)

5986 Hazeldean Road, **Stittsville**, Ontario K2S 1B9
613.831.5563 (Tel) 613.831.3764 (Fax)



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Permission to obtain credit reference:

I _____
(Owner/Authorized Person – please print)

Title / Position: _____

Of: _____
(Company Name)

authorize W.R. Monette Enterprises Ltd. O/A Rental Village to obtain a credit reference on myself and/or my company.

Signature of authorized person: _____