

## CREDIT APPLICATION

Today's Date:		Date Business Began:	
Company Name:			
Billing Address:			
City:		State and Zip Code:	
Shipping Address:			
City:		State and Zip Code:	
Telephone #/Fax #:		Email Address:	
FIN or S.S. #:		Type: <input type="checkbox"/> Corp <input type="checkbox"/> Individual <input type="checkbox"/> Partnership	
Tax Exempt # (certificate required):		P.O. Required? <input type="checkbox"/> Yes <input type="checkbox"/> No	

## OFFICERS AND CONTACT PERSONS

Officer:		Officer:	
Title:		Title:	
Address:		Address:	
City, State, Zip:		City, State, Zip:	
Telephone #:		Telephone #:	
Social Security #:		Social Security #:	
A/P Contact:		A/P Telephone #:	

## TRADE REFERENCES

Please complete all six references. For faster service, please provide an email address.

1.	Company name:		2.	Company name:	
	Address:			Address:	
	City, State, Zip:			City, State, Zip:	
	Phone:			Phone:	
	Fax:			Fax:	
	Email Address:			Email Address:	
3.	Company name:		4.	Company name:	
	Address:			Address:	
	City, State, Zip:			City, State, Zip:	
	Phone:			Phone:	



ACCOUNTING@ARAPAHOERENTAL.COM

PHONE: 970-893-2037  
 FAX: 970-965-0036

Fax:		Fax:	
Email Address:		Email Address:	
5. Company name:		6. Company name:	
Address:		Address:	
City, State, Zip:		City, State, Zip:	
Phone:		Phone:	
Fax #:		Fax #:	
Email Address:		Email Address:	

My company and I agree to **payment terms of Net 30 Days from the invoice date**. I understand that my account is subject to a 2% monthly (24% annum) service fee for all invoices over 30 days. **Accounts that reach 60 days will automatically be placed on C.O.D. status.**

My company and I authorize Arapahoe Rental to make such credit investigation as needed, including contacting the above trade references and banks and obtaining credit reports.

My company and I authorize all trade references, banks and credit reporting agencies to disclose to Arapahoe Rental any and all information concerning the financial and credit history of my company and myself

Submitted by:			
Title:			
Signature:			
Telephone #:		Date:	

**SEND COMPLETED APPLICATIONS TO:**

**EMAIL: ACCOUNTING@ARAPAHOERENTAL.COM**

**FAX: 970-965-0036**

**MAIL: PO BOX 1929, LOVELAND, CO 80538**