

AWESOM	E FAMILY ENT 1250 MEMORY L		SUS, OH 4			
PLEASE	THIS COLUMN FOR OFFICE USE ONLY					
Business Contact Information	Bank Contact:					
Company name:						
Phone:	Fax:	E-m	ail:			
Registered company address Billing Address if different:	Verification:					
City:			e:	ZIP Code:		
Date business commenced:		•				
Sole proprietorship:	Partnership:	Corporat	ion:	Other:	Date:	
How long at current address						
Business/Credit References						
Bank name:	Phon	Phone		Contact:		
Contact:		ł				
Bank address:			FAX:		Date:	
City:	ity:			ZIP Code:		
Type of account	J A A A A A A A A A A A A A A A A A A A					
Company name:	Contact:					
Address:	Date:					
City:		State	:	ZIP Code:		
Phone:	Fax:			nt:		
Company name:		Contact:				
Address:						
City:):	ZIP Code:	Date:	
Phone:	Fax:			Type of account:		
<u>Company name</u> :	Contact:					
Address:						
City:		State	:	ZIP Code:	Date:	
Phone:	Fax:	Туре	of accour	nt:		
I,(YOUR NAME)	or all					
debts incurred by:						
I understand that there will b completion date. I further agree that sl	e a service charge of nould it become nece	f 2% per mo essary to take	nth on ac e legal ac	-		
fees and costs incurred may	be added to the total	Indebtedne	SS.			
Signed:	Print Name:					

AFE offers a "house" charge account to qualified customers. This charge account is for your
convenience and the terms of this privilege must be adhered to in order to retain open account status.
All accounts must pay all invoices within 30 days from date of the event date or pay interest of 2% per

month on an invoice over 30 days (24% per year). All customers are emailed an invoice receipt at time of reservation. We offer added services to accommodate your needs, please mark accordingly.

 Damage Waiver (DW) is 10% of the rental cost and can be automatically charged to each rental invoice. By accepting, AFE waives any claim against you for accidental damage to equipment rented*.
Damage Waiver: YES NO

Vandalism, theft or abuse of equipment is not covered. If the damage waiver is not offered by AFE on a specific item, it will be noted on the rental contract.

- 2. Do you require Purchase Orders? YES NO
- 3. Special customer requirements for billing will be accommodated by AFE if they are within our administrative capabilities.
- 4. Special Requirements:_____

For YOUR convenience and protection please list authorized personnel authorized to charge on your account:

(Please print, first and last name)

1._____2._____ 3._____4.____4.____

If additional personnel are authorized to charge, please submit on additional paper attached to this form. It is **your** responsibility to keep this list up to date. We reserve the right to verify or require identification from any person signing on your account. You must notify AFE of any unauthorized charges in writing to your account immediately; if we are not notified, the charge(s) stand.

Please be advised that an authorized signature on our contract is an agreement to all terms and conditions of that contract.

We must be notified immediately of any changes to your account, in writing, or your account may be closed at our discretion.

Signed:	(Please retair	n a copy of this appl	Date: a copy of this application for your records.)			
THIS AREA FOR O	FFICE USE ONLY					
Approved:	Denied:	Date:	Signed:			
Notes:						

Please note: This application for credit consists of 2 pages; <u>all fields</u> must be completed for your application to be considered.