



Iron Equipment Rental  
 915 Harmon Ave.  
 Columbus, OH 43223

Please send completed application to:

**doug.beveridge@ironequipmentrental.com**

**Fax: (614) 947-7740**

## Application for Credit

### Business Information

|   |  |   |                             |       |   |                       |  |  |
|---|--|---|-----------------------------|-------|---|-----------------------|--|--|
| Business Name   |  |   |                             |       |   |                       |  |  |
| Physical Address  |  |   | Billing Address             |       |   |                       |  |  |
| City  |  |   |                             | City  |   |                       |  |  |
| State   |  | Zip   |                             | State |   | Zip                   |  |  |
| Business Phone  |  |   |                             |       | Business Fax  |                       |  |  |
| Email Address   |  |   |                             |       | A/P Contact   |                       |  |  |
| Federal ID#   |  |   |                             |       | Business Type   |                       |  |  |
| Contractor Lic#   |  |   |                             |       | <input type="checkbox"/> Proprietorship                     |                       | <input type="checkbox"/> Partnership     |  |
| Nature of Business  |  |   |                             |       | <input type="checkbox"/> Corporation                        |                       | <input type="checkbox"/> Other (Specify) |  |
| No. of Employees  |  |   |                             |       | <input type="checkbox"/> LLC                                |                       |  |  |
| Purchase Order Required?                                  |  | <input type="checkbox"/> Yes<br><input type="checkbox"/> No | Monthly Statement Required? |       | <input type="checkbox"/> Yes<br><input type="checkbox"/> No | Special Instructions: |  |  |
| Do you have any restrictions on who may use your account? |  | <input type="checkbox"/> Yes<br><input type="checkbox"/> No | Whom?                       |       |   |                       |  |  |

### Principal Owners or Officers

|                        |  |  |  |                                     |  |  |         |  |  |
|------------------------|--|--|--|-------------------------------------|--|--|---------|--|--|
| Full Name              |  |  |  | Title                               |  |  | Phone # |  |  |
| Social Security Number |  |  |  | Address Including City and Zip Code |  |  |         |  |  |
| Full Name              |  |  |  | Title                               |  |  | Phone # |  |  |
| Social Security Number |  |  |  | Address Including City and Zip Code |  |  |         |  |  |
| Full Name              |  |  |  | Title                               |  |  | Phone # |  |  |
| Social Security Number |  |  |  | Address Including City and Zip Code |  |  |         |  |  |

### Bank

|                |  |  |  |         |         |  |       |  |  |     |  |
|----------------|--|--|--|---------|---------|--|-------|--|--|-----|--|
| Bank Name      |  |  |  |         | Address |  |       |  |  |     |  |
| Account Number |  |  |  | Contact |         |  | Phone |  |  | Fax |  |



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**Trade References**

|               |  |         |  |       |  |
|---------------|--|---------|--|-------|--|
| Business Name |  | Address |  |       |  |
| Contact       |  | Phone # |  | Fax # |  |
| Business Name |  | Address |  |       |  |
| Contact       |  | Phone # |  | Fax # |  |
| Business Name |  | Address |  |       |  |
| Contact       |  | Phone # |  | Fax # |  |

**Terms of Credit**

**All amounts outstanding are due and payable by you (the "Customer") to Iron Equipment Rental (the "Company") within 30 days of invoice date. All amounts not paid when due shall accrue interest at lesser of: 2% per month, or the highest rate permitted by applicable law.**

Any account with a delinquent balance may be placed on a credit hold and the Company may recover the applicable equipment or exercise such other rights or remedies that it may have under applicable law.

Failure to make payment promptly in accordance with this or any other agreement with the Company will entitle the Company to apply for relief under any construction, mechanic's or builders lien law, or any other applicable state law.

Preliminary lien notice and mechanics lien will be filed when necessary or required by state law.

Customer shall be responsible for and agrees to pay all costs, fees, and expenses (including, but not limited to attorneys' fees) incurred by the Company in enforcing these liens or collecting amounts due.

The undersigned warrants that all information listed on this application is correct, the applicant has read, accepted and agrees to be personally bound by all stated terms and conditions set forth herein and each rental contract or agreement entered into by the undersigned or the agents of the undersigned. The undersigned agrees and consents to allow the Company to verify trade references and credit information.

|              |  |      |  |
|--------------|--|------|--|
| Printed Name |  | Date |  |
| Signature    |  |      |  |

**Personal Guarantee**

The undersigned hereby guarantees the full, prompt, and unconditional payment to the Company of all amounts due under any rental contractor agreement entered into by or for the Customer named above, when end as such amounts shall become due, end the full, prompt, end unconditional performance of each and every term and condition of every transaction and agreement to be kept end performed by such Customer under such contracts or agreements with Company. This guarantee is a primary obligation of the undersigned and shall be a continuing inexhaustible guarantee without limitations to amount or duration and may not be revoked except by notice in writing by the undersigned to an authorized officer of the Company and received by the Company at least thirty (30) days prior to the data set for such revocation. No such notice shall affect undersigned's liability under this guarantee for any contract, agreement or other transaction entered into, made to or committed to be made to the Customer by Company occurring prior to the effective date of revocation.

|              |  |       |  |
|--------------|--|-------|--|
| Printed Name |  | Title |  |
| Signature    |  | Date  |  |
| Printed Name |  | Title |  |
| Signature    |  | Date  |  |