



G.T. RENTALS CORP
 310 NASSAU AVE., BROOKLYN NY 11222
 Tel # 718-782-7887 Fax # 718-782-9338

[print](#)

CREDIT APPLICATION

Company Name:

Address(Physical):

Address(Mailing):

Telephone No:

Fax No:

Email:

Corporation Proprietorship Partnership Years Established _____

Federal Tax ID No:

Social Security No:

Ownership

President/Owner:

Social Security No:

Home Address:

Own Home:

Rent Home:

Home Tel. No:

Driver License No:

Other Principals:

Name _____

Title _____

Social Security No:

Home Address:

Own Home:

Rent Home:

Home Tel. No:

Driver License No:

Other Principals:

Name _____

Title _____

Social Security No:

Home Address:

Own Home:

Rent Home:

Home Tel. No:

Driver License No:

Agreement

In connection with this credit application, I/We hereby authorize you to contact the attached bank and trade references "listed below" to verify our credit standing with them, and further authorize the bank and trade references to release said information to you. In addition you, the creditor, are hereby authorized to obtain, at your own cost, my/our personal credit report from a credit bureau (agency) of your choosing. All information provided in this application is true and correct. I/We understand and accept the payment terms which are described herein. Payments are due within 30 days of invoice date. For balances over 30 days there would be a 1.5% service charge per month (18% per year) plus collection costs including reasonable attorney's fees.

Signed

Title

Date

Signed

Title

Date

Principal(s)'or Owner's Personal Guaranty(ies)

In consideration of credit being extended to this applicant, I/We, the undersigned, jointly and severally, do hereby, personally guarantee, unconditionally, at all times, to G. T. Rentals the payment of indebtedness or balance of indebtedness of the applicant and/or my/our affiliates.

PRINT NAME

Signature

Date

PRINT NAME

Signature

Date

OFFICE USE ONLY

Amount Approved for:

Approved By:

Credit Denied:

Date Approved/Declined:

Credit Inquiry Results:

Bank References

Bank Name:	Account No:
Address:	Contact Name:
Tel No:	Fax No:

Trade References

Company Name	Account No
Address	Contact Name:
Tel No:	Fax No

Company Name	Account No:
Address	Contact Name:
Tel No:	Fax No:

Company Name	Account No:
Address	Contact Name:
Tel No:	Fax No:

Company Name	Account No:
Address	Contact Name:
Tel No:	Fax No:

Company Name	Account No:
Address	Contact Name:
Tel No:	Fax No:

Company Name	Account No:
Address	Contact Name:
Tel No:	Fax No:

Additional Comments

Please, **Print, Complete** and **Sign** the **Credit Application** and mail it to us along with the **Credit and Trade Inquiry** forms. Do not complete these two last forms, just sign them where the X is.

Note: You can also fax all **three forms to 718-388-4309, no cover letter needed**, in order to expedite the process. However, you still have to mail us only the original **Credit Application** in order to set up your credit account.

Thank You for considering GT Rentals as your new supplier for Equipment/Tools/Sales/Rentals and Repair services.



G.T. RENTALS CORP
310 NASSAU AVE., BROOKLYN NY 11222
Tel # 718-782-7887 Fax # 718-782-9338

CREDIT INQUIRY

Date: _____
To: _____ at Fax No. _____
Re: _____
Att: _____

The referenced entity has given us your bank's name in order to obtain credit information.

We would appreciate any information you can furnish us, below, relating to the referenced entity. All information would be kept confidential.

Bank A/C No.: _____
Date Account opened: _____
Average Balance: _____

Account Relationship: Borrowing Non-Borrowing
 Satisfactory Non-Satisfactory

Other comments: _____

Below is referenced entity's signature authorizing release of information requested above.

X _____ << Sign here only

To the financial institution:

PLEASE FAX YOUR INFORMATION TO GT Rentals AT:
718-388-4309

Very Truly Yours,

Credit Department



G.T. RENTALS CORP
310 NASSAU AVE., BROOKLYN NY 11222
Tel # 718-782-7887 Fax # 718-782-9338

TRADE INQUIRY

Date: _____
To: _____ Fax _____
Re: _____ Account No. _____
Att: _____

The above referenced business entity gave us your company's name for trade reference.

We will appreciate any information you can share with us on your business experience with said entity. All information furnished will be held in strict confidence

Credit Limit: _____ Payment Terms: _____
Current Balance: _____ Past Due Balance: _____
 Personally Guaranteed Last Sale _____

Payment History Prompt Slow - No of Days _____ Disputes Invoices
Relationship: Satisfactory Non-Satisfactory Relationship Since: _____

Other comments:

Applicant's signature authorizing release of information.

X _____ << Sign here only

PLEASE FAX INFORMATION TO US AT: 718-388-4309

Your prompt response will be appreciated.
Very Truly Yours,

Credit Department