

Central Virginia Rental

Billing Office:

2482 Jefferson Hwy. Waynesboro, VA 22980
Office: 540-943-8173 Fax 540-943-2127

Credit Application

This application must be fully and accurately completed before it can be processed.

Company or Individual Name _____

Street Address _____ City _____ State ____ Zip _____

Mailing Address _____ City _____ State ____ Zip _____

Phone _____ Fax _____ Email _____

Federal ID # _____ SSN # _____

Type of Business Individual _____ Corporation _____ Partnership _____

Corporate Officers: President _____

Secretary _____

Nature of Business _____

At Present Location since (Date) _____ Year Established _____

REFERENCES: (GIVE ONLY NAMES OF THOSE YOU BUY FROM ON AN OPEN ACCOUNT)

Name _____ Account # _____

Mailing Address _____ City _____ State ____ Zip _____

Phone _____ Fax _____ Contact Person _____

Name _____ Account # _____

Mailing Address _____ City _____ State ____ Zip _____

Phone _____ Fax _____ Contact Person _____

Name _____ Account # _____

Mailing Address _____ City _____ State ____ Zip _____

Phone _____ Fax _____ Contact Person _____

Company Banking Information

Name & Address _____ Phone _____

Checking Acct # _____ Savings Acct # _____

**** Job Identification Name required? Yes No (check one)**

**** Are Purchase Orders required? Yes No (check one)**

**** Should invoices & statements be: Emailed Faxed Mailed (check one)**

**** Are you exempt from VA Sales Tax? Yes No (check one) If YES, you MUST attach a copy of your exemption form for our files.**

**** Require Authorized Buyers List? Yes No (check one) If YES, you MUST provide a list with authorized names for our files upon acceptance. It is solely your responsibility to keep your Authorized Buyers List up to date with us.**

**** Damage Waiver? Decline Accept (For an additional 12% of each rental charge you can purchase a Damage Waiver for accidental damage done to rental equipment) IF YOU DECLINE YOU MUST PROVIDE A CERTIFICATE OF INSURANCE UPON ACCEPTANCE.**

In consideration for the granting of credit, we (I) certify the previous information as accurate. We (I) further authorize CVR Rental, Inc. to investigate any and all statements contained herein and further authorize any of our (my) creditors to release information to CVR Rental, Inc. regarding our (my) financial status. **This application is submitted with the understanding that all charges are due and payable within 30 days following our monthly invoice** after which the account is past due and is subject to interest charges of two percent (2%) per month, which is an annual percentage rate of twenty-four percent (24%). Accounts may be placed on a "cash upon delivery" status until the total is paid. It is agreed by all parties that in the event that this account is turned over to an attorney for collection, a reasonable attorney's fee of collection fee will be added to the account with or without initiation of legal proceedings. We (I) agree to all legal collection procedures, necessary to collect past due charges, will be in the state of Virginia, subject to Virginia law.

Signature _____

Date _____

Print Name _____

If applicant is a corporation, the personal guarantee of an individual is required. I personally guarantee the debts of the above corporation.

Signature _____

Date _____

Print Name _____

If applicant is an individual, the personal guarantee of the spouse is required. I personally guarantee the debts of the above individual.

Signature _____

Date _____

Print Name _____

When completed, please send application to the following:

Central Virginia Rental, Credit Department

2482 Jefferson Hwy.

Waynesboro, VA 22980

Fax: 540-943-2127

Email: Sara@CVRRental.com