

**CREDIT APPLICATION FOR PROPRIETORS OR PARTNERSHIPS
WITH
VALLEY RENTAL CENTERS, INC.**

810 9Th St. SW
Hickory, NC 28602
Mary Ann Nelson, Mgr.
Ph.828-326-0911
Fax 828-326-9009

**This Form may be completed
and printed online if desired.**

1401 Morganton Blvd.
Lenoir, NC 28645
Dean Price, Mgr.
Ph. 828-758-7400
Fax 828-758-0121

Proprietor Name: _____ **Fed. ID #** _____ **Sales Tax No.** _____

Physical Address: _____ **City** _____ **State** _____ **Zip** _____

Mailing Address: _____ **City** _____ **State** _____ **Zip** _____

Home/Office Phone() _____ - _____ Fax() _____ - _____ Jobsite Phone() _____ - _____ Mobile() _____ - _____

What do you require on invoices? _____

Who is authorized to make purchases? _____

PRINCIPLE PARTNER or PROPRIETOR (Please Print) _____

Email Address(s) _____

References:

- | | | |
|---|---|---|
| 1. Name: _____
Address: _____

Telephone # _____
Fax # _____ | 2. Name: _____
Address: _____

Telephone # _____
Fax # _____ | 3. Name: _____
Address: _____

Telephone # _____
Fax # _____ |
|---|---|---|

Bank: _____ Account # _____ City: _____ State: _____ Zip: _____

Bank Officer's Name: _____ Telephone # _____

Proprietor applications must be signed by both Husband and Wife. All Partners must sign this application and each Partner is held fully Responsible for payment of this account. All information is held in strictest confidence.

APPLICANT'S SIGNATURE ATTESTS ACCEPTANCE OF AGREEMENT, FINANCIAL RESPONSIBILITY, ABILITY AND WILLINGNESS TO PAY OUR INVOICES IN ACCORDANCE WITH FOLLOWING TERM AND CONDITIONS:

Terms: Net 10th All invoices billed by the 25th of a month are due by the 10th of the following month. Past due charges(1.5% per month \$2.00 Min.) are assessed on the 26th for unpaid invoices from the previous month. Invoices are given to your personnel at time of purchase or return of equipment. A second copy is also mailed to the customer's office. **RENTAL PAYMENTS SHOULD BE FROM "FINAL" CONTRACT AND NOT FROM "OPEN CONTRACTS" OR "RESERVATIONS"**. For customer convenience, statements are mailed on the 26th of the month. If invoices and related past due charges are not paid by the 25th following the second statement, credit may be suspended. By the signature below the applicant acknowledges and accepts these terms for this business.

Date: _____

_____ Proprietor or Partner	_____ Spouse or Partner
_____ Partner	_____ Partner

NOTICE: IN THE EVENT THIS ACCOUNT BECOMES DELINQUENT, ALL WRITTEN AND VERBAL COMMUNICATIONS WILL BE AN ATTEMPT TO COLLECT THE DEBT AND ANY INFORMATION WILL BE USED FOR THAT PURPOSE.