

Rogers Rent-All

“CALGARY OWNED & OPERATED FOR OVER 50 YEARS”

Application for Credit

Please complete and email to sandy@rogersrentall.ca or fax this form to 403-277-4466

Business Name: _____
Mailing Address: _____
City: _____ Province: _____ Postal Code: _____
Phone #: _____ Fax #: _____ Cell #: _____
E-mail: _____
Head Office Address: _____ Phone #: _____
City: _____ Province: _____ Postal Code: _____ Fax #: _____
Nature of Business: _____ Years in Business: _____
A/P Contact: _____ A/P E-mail: _____
Credit Requested: _____ P/O required: Yes No (please make us aware of specific P/O format requirements)

PRINCIPALS:

Name: _____ Driver's License: _____
Home Address: _____ City: _____ Phone #: _____
Name: _____ Driver's License: _____
Home Address: _____ City: _____ Phone #: _____
Bank: _____ Contact Name: _____
Bank Address: _____ City: _____ Phone #: _____

Limited Damage Waiver: Covers the first \$500 and 50% of the next \$4500 of accidental damage charges. Cost is 8% of total rental charges. Does not cover: Damage due to abuse, freezing, improper maintenance, transportation while on rent, loss or theft. Damage Waiver Requested: Yes No

TRADE REFERENCES:(Companies presently extending credit)

Company: _____ Ph #: _____ Email: _____
Company: _____ Ph #: _____ Email: _____
Company: _____ Ph #: _____ Email: _____

TERMS: NET 30 DAYS

Terms & Conditions: We understand that purchases shown on contracts and monthly statements must be paid 30 days following the date of billing. It is agreed and understood that accounts overdue to the extent of thirty days or more are subject to an interest charge of 2% per month and this charge shall be debited directly to the account and become an actual part of the total indebtedness. The undersigned warrants and certifies that the above information is correct. You hereby authorize Rogers Rent-All Ltd. to hold, use, exchange and disclose your information as required in order to administer you application for present and future considerations.

The undersigned has authority to bind the applicant.

Signature: _____ Position: _____
Name (print): _____ Date: _____

11915 – 16 Street N.E. Calgary, Alberta T3K 0S9
Telephone: (403) 276-5501 Fax: (403) 277-4466
www.rogersrentall.ca