

# **Rogers Rent-All**

“CALGARY OWNED & OPERATED FOR OVER 50 YEARS”

## **Application for Credit**

Please complete and email to [sandy@rogersrentall.ca](mailto: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 #: \_\_\_\_\_ Fax #: \_\_\_\_\_  
Company: \_\_\_\_\_ Ph #: \_\_\_\_\_ Fax #: \_\_\_\_\_  
Company: \_\_\_\_\_ Ph #: \_\_\_\_\_ Fax #: \_\_\_\_\_

### **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](http://www.rogersrentall.ca)