

3901 EAST BROADWAY ST.
NORTH LITTLE ROCK, AR 72114



PH 501.945.2216
FX 501.492.5989

EMAIL: ar@humsnlr.com

BUSINESS CREDIT APPLICATION

NAME OF BUSINESS _____

BILLING ADDRESS _____

CITY, STATE, ZIP _____

PHYSICAL ADDRESS _____

PHONE _____ FAX _____

A/P CONTACT _____ E-MAIL _____

CORPORATION _____ INDIVIDUAL _____ PARTNERSHIP _____ GOVERNMENTAL _____ NON-PROFIT _____

DATE OF INCORPORATION OR INCEPTION _____ FED TAX ID OR SOC SEC NUMBER _____

NAME & ADDRESS OF PRINCIPAL/OWNER

PRINCIPAL/OWNER NAME _____ PHONE _____

PRINCIPAL/OWNER ADDRESS _____

BANK NAME _____ CITY _____

BANK OFFICER NAME _____ PHONE _____

TRADE REFERENCES:

BUSINESS NAME	ACCOUNT #
PHONE #	CONTACT EMAIL OR FAX #
BUSINESS NAME	ACCOUNT #
PHONE #	CONTACT EMAIL OR FAX #
BUSINESS NAME	ACCOUNT #
PHONE #	CONTACT EMAIL OR FAX #

IF YOU DO NOT PAY SALES TAX, WE MUST HAVE A SIGNED ARKANSAS EXEMPTION CERTIFICATE FORM ST391 ALONG WITH A COPY OF YOUR SALES TAX PERMIT FOR OUR FILES. SALES TAX PERMIT NUMBER _____

DO YOU REQUIRE A PURCHASE ORDER? _____

OUR MONTHLY STATEMENTS ARE SENT ELECTRONICALLY- PLEASE PROVIDE EMAIL

ADDRESS FOR DELIVERY: _____

I CERTIFY THAT ALL OF THE ABOVE INFORMATION IS CORRECT AND FULLY UNDERSTAND AND AGREE TO ALL CREDIT TERMS. OUR TERMS ARE NET 10TH OF THE FOLLOWING MONTH.

SIGNATURE _____ DATE _____

PRINTED NAME _____ TITLE _____

OFFICE USE ONLY: DATE ACCEPTED-DENIED _____ INITIALS _____ CREDIT LIMIT _____

NOTE: DAMAGE WAIVER WILL BE CHARGED ON ALL RENTAL EQUIPMENT UNLESS CERTIFICATE OF INSURANCE IS ON FILE IN OUR OFFICE LISTING INLAND MARINE OR RENTED/LEASED EQUIPMENT COVERAGE **SOME EQUIPMENT RENTALS WILL REQUIRE A CERTIFICATE OF INSURANCE ON FILE BEFORE PICK UP OR DELIVERY OF EQUIPMENT**