

3901 EAST BROADWAY ST.  
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CONWAY, AR 72032

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### 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 10<sup>TH</sup> 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\*\***