

Central Virginia Rental

Billing Office:

2482 Jefferson Hwy, Waynesboro, VA 22980

OFFICE 540-943-8173 FAX 540-943-2127

Credit Application

This application must be fully and accurately completed before it will be processed.

Company or Individual Name _____

Street Address _____ City _____ State _____ Zip _____

Mailing Address _____ City _____ State _____ Zip _____

Phone _____ Fax _____ E-mail Address _____

Federal ID Number _____ SSN _____

Type of Business Individual _____ Corporation _____ Partnership _____

Corporate Officers President _____

Secretary _____

Nature of Business _____

At Present Location since (Date) _____ Year Established _____

Current Job - Name, Details _____

REFERENCES: (GIVE ONLY NAMES OF THOSE YOU BUY FROM ON OPEN ACCOUNT)

Name _____ Account # _____

Mailing Address _____ City _____ State _____ Zip _____

Phone _____ Fax _____

Name _____ Account # _____

Mailing Address _____ City _____ State _____ Zip _____

Phone _____ Fax _____

Name _____ Account # _____

Mailing Address _____ City _____ State _____ Zip _____

Phone _____ Fax _____

Name & Address of Bank _____ Phone _____

Checking Acct # _____ Savings Acct # _____

**** Are Purchase Orders required? yes no (check one)**

**** Should invoices & statements be:
 e-mailed faxed mailed
(check one)**

****Are you exempt from VA Sales Tax? yes no (check one)
If YES, you MUST attach a copy of your exemption form for our files.**

We would encourage you to choose e-mail or fax.

****Damage Waiver? Decline Accept (For an additional 10% of your rental charge you can purchase a Damage Waiver for accidental damage done to rental equipment.) IF DECLINED, YOU MUST PROVIDE A CERTIFICATE OF INSURANCE. IT CAN BE FAXED TO (540) 943-2127 or E-MAILED TO dfalls@cvrrental.com.**

In consideration for the granting of credit, we (I) certify the previous information as accurate. We (I) further authorize CVR Rentals, Inc. to investigate any and all statements contained herein and further authorize any of our (my) creditors to release information to CVR Rentals, Inc. regarding our (my) financial status. This application is submitted with the understanding that all charges are due and payable within thirty (30) days following our monthly statement, after which the account is past due and is subject to interest charges of two percent (2%) per month, which is an annual percentage rate of twenty-four percent (24%). Accounts may be placed on a "cash upon delivery" status until the total is paid. It is agreed by all parties that in the event that this account is turned over to an attorney for collection, a reasonable attorney's fee of collection fee will be added to the account, with or without initiation of legal proceedings. I agree, all legal collection procedures, necessary to collect past due charges, will be in the state of Virginia, subject to Virginia law.

Date _____ Signature _____
Print Name _____

If applicant is a corporation, the personal guarantee of an individual is required. I personally guarantee the debts of the above corporation:

Date _____ Signature _____
Print Name _____

If applicant is an individual, the personal guarantee of the spouse is required. I personally guarantee the debts of the above individual:

Date _____ Signature _____
Print Name _____

When completed, Please SEND application to the following address:

**Central Virginia Rental, Credit Department
2482 Jefferson Hwy., Waynesboro, VA 22980**

**Or FAX to the following number:
540-943-2127**

**Or E-MAIL to:
dfalls@cvrrental.com**