

# 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 \_\_\_\_\_ Phone \_\_\_\_\_ Fax \_\_\_\_\_

Mailing Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

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? \_\_\_\_\_ \*\*May invoices & statements be faxed? \_\_\_\_\_**

**\*\*Are you exempt from VA Sales Tax? \_\_\_\_\_ If YES, you MUST attach a copy of your exemption form for our files.**

**\*\*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.**

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 one and one half percent (1 1/2%) per month, which is an annual percentage rate of eighteen percent (18%). 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 that 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 that 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**