

ROCKET CITY RENTAL, LLC DBA ROBIN RENTS EQUIPMENT
3605 Memorial Parkway South
Huntsville, AL 35801
Phone 256-883-9312, Fax 256-885-0460
www.robinrents.com

CREDIT APPLICATION AND AGREEMENT

Company Name _____

Telephone _____ Fax _____

Name _____ Title _____

Business Address _____ Billing Address _____

City _____ State _____ Zip _____ City _____ State _____ Zip _____

Controller / Acct Payable _____ Phone Ext _____

Application is: Individual Partnership Corporation _____ Year Incorporated _____ Years in Business _____

Tax ID / Social Security Number _____ Type of Business _____

PLEASE PROVIDE THE FOLLOWING INFORMATION FOR EACH PARTNER OR CORPORATE OFFICER (USE BACK IF NEEDED):

Name _____ Title _____ Name _____ Title _____

Address _____ Address _____

City _____ State _____ Zip _____ City _____ State _____ Zip _____

SSN _____ SSN _____

Name _____ Title _____ Name _____ Title _____

Address _____ Address _____

City _____ State _____ Zip _____ City _____ State _____ Zip _____

SSN _____ SSN _____

Contractor License Number _____ Class _____

Bonding Company _____ Telephone _____

Address _____ City _____ State _____ Zip _____

Name of Bank _____ Telephone _____

Address _____ City _____ State _____ Zip _____

Contact _____ Telephone _____

Purchase order (PO) required? Yes No Check here if written PO is required

Job name, number, or other data required on invoicing? Yes No

If yes, specify: _____

CREDIT REFERENCES

Name_____	Name_____
Address_____	Address_____
City_____ State_____ Zip_____	City_____ State_____ Zip_____
Phone_____ Fax_____	Phone_____ Fax_____
Name_____	Name_____
Address_____	Address_____
City_____ State_____ Zip_____	City_____ State_____ Zip_____
Phone_____ Fax_____	Phone_____ Fax_____

CREDIT AGREEMENT & PERSONAL GUARANTEE

The undersigned hereby acknowledges and agrees that this application is for a thirty (30) day account. It is further agreed that all bills are due and payable on or before the tenth (10th) day of each month. All bills not paid on or before the twenty-fifth (25th) day of each month shall incur a service charge equal to one and one-half (1.5%) percent per month on the unpaid balance. All credit privileges are subject to suspension and / or termination when an account becomes ninety (90) days old.

The undersigned agrees to pay any collection charges, including reasonable attorney's fees and court costs incurred in connection with collection of any past due amounts. It is further agreed that the undersigned hereby personally guarantees all obligations to **ROCKET CITY RENTAL, LLC DBA ROBIN RENTS EQUIPMENT** incurred by the above applicant.

Signature_____

Print Name_____ Title_____

Date_____

Home / Cell Phone_____

Home Address_____ City_____ State_____ Zip_____

PLEASE SUBMIT A LIST OF NAMES WITH DRIVER'S LICENSE NUMBERS OF PERSONS AUTHORIZED TO USE THIS ACCOUNT:

Name_____	DL#_____	Name_____	DL#_____
Name_____	DL#_____	Name_____	DL#_____
Name_____	DL#_____	Name_____	DL#_____

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RELEASE FORM

By signing this form, I authorize you to release information about my credit history with your company to Robin Rents Equipment for the purpose of opening a charge account with them.

Name of Company: _____

Signature: _____

Date: _____

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Dear Valued Customer,

It is our goal at Robin Rents to give our customers the best customer service possible. So for your convenience we email your company's monthly statements. Please list / update your email address below and return via mail or email to cathy@rocketcityrental.com or give us a call. If you do not wish to receive statements via email please let us know. Feel free to call with any questions or concerns. Thank you for your continued business.

Cathy Cormier
Accounts Receivable
256-883-9312
cathy@rocketcityrental.com

Company Name: _____

Email: _____

Or please continue mailing my statement: _____