

3605 Memorial 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 _____ E-mail _____

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 _____
 E-mail _____ E-mail _____

Name _____ Name _____
 Address _____ Address _____
 City _____ State _____ Zip _____ City _____ State _____ Zip _____
 Phone _____ Fax _____ Phone _____ Fax _____
 E-mail _____ E-mail _____

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: _____