

**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: \_\_\_\_\_

**DAMAGE WAIVER**

A damage waiver of eight (8%) percent is added to **ALL** rentals. The damage waiver **IS NOT** insurance. It is designed to cover the repair and / or replacement of an item which is damaged due to circumstances beyond the control of the lessee. It **DOES NOT** cover misuse, abuse, or any other cause as indicated in Damage Waiver section of your rental contract. A damage waiver is applied to **ALL** rentals **UNLESS** a Certificate of Insurance is issued by your insurance company naming our firm as a Loss Payee or Additional Insured. Coverage must be adequate to fully cover the items rented. This Certificate of Insurance must be in our possession **PRIOR** to the rental.

**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 (10<sup>th</sup>) day of each month. All bills not paid on or before the twenty-fifth (25<sup>th</sup>) 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](mailto: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](mailto:cathy@rocketcityrental.com)

Company Name: \_\_\_\_\_

Email: \_\_\_\_\_

Or please continue mailing my statement: \_\_\_\_\_