



ROCKET CITY RENTAL LLC.
DBA ROBIN RENTS EQUIPMENT

3605 S. Memorial Parkway
Huntsville, AL 35801

Phone: 256-883-9312 Fax: 256-885-0460 Email: AR@ROBINRENTS.COM
WWW.ROBINRENTS.COM

APPLICATION FOR CREDIT & RENTAL AGREEMENT

To process your request, this agreement must be signed. Please attach a current W9, COI, business license and sales tax exemption form (if applicable).

BUSINESS INFORMATION [] CORPORATION [] LLC [] PARTNERSHIP [] PROPRIETORSHIP

Company Name _____

Trade Name (d/b/a) _____

Telephone _____ Fax _____

Physical Address _____ Mailing Address _____

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

Controller / Acct Payable _____ AP E-mail _____

AP Phone Number _____ Years in Business _____

Tax ID/Social Security Number _____ Type of Business _____

If less than 2 years in business, please provide INDIVIDUAL PERSONAL GUARANTY information below.

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 _____

For Robin Rents office use only!!!

Account Number: _____ Received Date: _____ Opened Date: _____ Clerk: _____



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ACCOUNTING INFORMATION:

Purchase order (PO) required? Yes No Sales Tax Exempt? Yes No (If checked, attach proper forms.)

Would you like to list authorized renters for this account? Yes No (If yes, please list them below)

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

If yes, specify please: _____

Please attach a copy of your C.O.I. when emailing, returning, or mailing in your application.

AUTHORIZED RENTERS (Fill out if checked yes above)

Name _____	DL# _____	Name _____	DL# _____
Name _____	DL# _____	Name _____	DL# _____
Name _____	DL# _____	Name _____	DL# _____
Name _____	DL# _____	Name _____	DL# _____
Name _____	DL# _____	Name _____	DL# _____

(If your authorized renters list changes you must send on letterhead those you wish to remove/add to AR@ROBINRENTS.COM)

This list only allows the names above to rent/purchase. If they are not on the list someone that is authorized must give permission.

TRADE REFERENCES: (If you would like to attach a copy of your trade reference sheet please do so. You must provide 4 trade references with emails. If we have to call you about your references your account opening will be delayed.)

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 _____



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CREDIT AGREEMENT TERMS AND CONDITIONS

(MUST BE SIGNED FOR ACCOUNT PROCESSING)

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 rental contracts will be charged a 8 % damage waiver fee (this is not insurance) if the applicant does not supply ROCKET CITY RENTAL LLC dba ROBIN RENTS EQUIPMENT with a C.O.I. All credit privileges are subject to suspension and / or termination when an account becomes ninety (90) days old.

The undersigned authorizes Rocket City Rental LLC dba Robin Rents Equipment to make whatever credit inquiries it deems necessary in connection with this agreement. Bank and trade reference(s) can accept this authorization to disclose the respective designees, Customer information normally released to a prospective creditor including: length of time account has been active, average monthly balances, how the account has been handled, and comments regarding the customer's account.

Print Applicants Name: _____

Print Authorized Signers Name _____

Authorized Officer's Signature _____

Print Authorized Officer's Title _____ Date _____

PERSONAL GUARANTEE

(MUST BE SIGNED IF THE YOU HAVE BEEN IN BUSINESS LESS THAN 2 YEARS)

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.

Print Guarantor's Name _____ Title _____

Guarantor's Signature _____ Date _____

Office Phone Number _____ Cell Phone Number _____

Home Address _____ City _____ State _____ Zip _____



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Dear Valued Customer,

It is our goal at Robin Rents to give our customers the best customer service possible. For your convenience we can email your company's monthly statements and invoices. Please list / update your email address below and return via mail or email to AR@ROBINRENTS.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.

Accounts Receivable
256-883-9312
AR@ROBINRENTS.COM

Company Name: _____

AP Clerk Name _____

Email: _____

Or please continue mailing my statement: _____