

CASH ACCOUNT # _____ ACCOUNT OPEN DATE _____ AGENT WHO OPENED _____

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

CASH APPLICATION AND AGREEMENT

*Individual Name _____

*Social Security Number _____ *Address _____

*City _____ State _____ *Zip _____ *Email _____

*Primary Telephone _____ *Secondary Telephone _____

*Insurance Company _____ *Telephone Number _____

*Address _____ *City _____ *State _____ *Zip _____

*Policy Number _____

*Name of Bank _____ *Telephone _____

*Address _____ *City _____ *State _____ *Zip _____

*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 Card Number _____ *Expiration Date _____

*V Code _____ *AMEX Code _____

PLEASE SUBMIT A LIST OF NAMES WITH DRIVER'S LICENSE NUMBERS OF PERSONS AUTHORIZED TO USE THIS ACCOUNT (INCLUDE YOURSELF IF YOU WILL BE RENTING ALSO):

Name _____ DL # _____ Name _____ DL # _____

Name _____ DL # _____ Name _____ DL # _____

Name _____ DL # _____ Name _____ DL # _____

CASH AGREEMENT & PERSONAL GUARANTEE

The undersigned hereby acknowledges and agrees that this application is for a cash account. It is further agreed and understood that the credit card on file will be charged at the end of the first week, at the end of the second week, or according to the end of the contract. If balance is not paid you authorized ROCKET CITY RENTAL, LLC DBA ROBIN RENTS EQUIPMENT to charge your credit card. This may include rental, sales, damages, fuel, or freight. The undersigned agrees to pay any collection charges, including reasonable attorney's fees and court costs incurred in connection 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 _____ *Date _____

I understand anyone I authorize to sign on my cash account, I will be responsible for all charges.

*Signature _____ *Print Name _____ *Date _____

Robin Rents Use ONLY!!!!

Been doing business with Robin Rents for _____ yrs _____ months Number of late rentals _____ Collection efforts _____

Manager Approval Signature _____



Credit Card Authorization

Name on card: _____

Credit Card Number: _____

Credit Card Expiration Date: ___/___/___

Credit Card CVV Number: _____

Card Type (Circle): Discover/Visa/Mastercard/American Express

The cardholder hereby authorizes Rocket City Rental LLC dba Robin Rents Equipment to apply any and all charges to the above referenced credit card account, as it deems necessary. The costs applied to the credit card account are a result of the rental or sale of goods, services, repairs, damaged equipment, replacement of equipment, or deposit to reserve rental equipment. All deposits to reserve rental equipment are non-refundable. The cardholder accepts any and all charges. All charges are determined solely by Rocket City Rental LLC dba Robin Rents Equipment.

Cardholder Signature: _____

Telephone Number: (____) ____ - _____

E-mail: _____

Physical Address: _____

Billing Address: _____

Driver's License Number: _____

Print and sign this form. Then fax or email back with a copy of your DRIVER'S LICENSE for added verification of your identity.

Signature X _____

Confidentiality Note This facsimile transmission (including any materials accompanying this transmission) is intended only for the use of the individual to which it is addressed and may contain information that is privileged, secret, confidential, and/or exempt from disclosure under applicable law. If you are not the intended recipient, you are hereby notified that any disclosure, copying, distribution, or use of the transmission is strictly prohibited. If you have received this communication in error, it is requested that you notify Rocket City Rental LLC dba Robin Rents Equipment. immediately to arrange for the return of this transmission at no cost to you.

Email this form in to ar@robinrents.com with a copy of your driver's license

Fax # 256-885-0460