

**CINCY TOOL RENTAL, INC**  
**CUSTOMER INFORMATION & CREDIT APPLICATION**

PLEASE TYPE or PRINT

COMPANY NAME \_\_\_\_\_  
ADDRESS \_\_\_\_\_  
CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_  
PHONE # \_\_\_\_\_ FAX # \_\_\_\_\_  
Proprietorship \_\_\_\_\_ Partnership \_\_\_\_\_ Corporation \_\_\_\_\_  
Owner's Name \_\_\_\_\_ Address \_\_\_\_\_  
Nature of Business \_\_\_\_\_ Yr. Business established \_\_\_\_\_  
Federal ID # \_\_\_\_\_ Tax Exemption # \_\_\_\_\_  
(please attach tax exempt certificate)  
Is Purchase Order Required? \_\_\_\_\_ yes \_\_\_\_\_ no

List persons Authorized to Sign: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**REFERENCES:**

Bank \_\_\_\_\_ Contact: \_\_\_\_\_  
Address \_\_\_\_\_ Ph # \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

**LIST THREE CREDIT REFERENCES: (Please list Fax #)**

1- Name \_\_\_\_\_ Contact: \_\_\_\_\_  
Address \_\_\_\_\_ Ph# \_\_\_\_\_ Fax# \_\_\_\_\_  
2- Name \_\_\_\_\_ Contact: \_\_\_\_\_  
Address \_\_\_\_\_ Ph# \_\_\_\_\_ Fax# \_\_\_\_\_  
3- Name \_\_\_\_\_ Contact: \_\_\_\_\_  
Address \_\_\_\_\_ Ph# \_\_\_\_\_ Fax# \_\_\_\_\_

**TERMS: NET 30 DAYS**

You are authorized to check our history and to ask questions about our credit experience with the references provided. Customer agrees to be responsible for all reasonable collection, repossession, attorney's and court cost incurred in collection.

Date: \_\_\_\_\_ Signed By: \_\_\_\_\_ Position: \_\_\_\_\_

**\* Please attach a certificate of insurance to facilitate your credit application. Thank you.**

**CINCY TOOL RENTAL, INC**  
**3741 WARSAW AVE**  
**Cincinnati, OH 45205**  
**1-800-648-6493**

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