

# A&E EQUIPMENT RENTALS

1019 Ulupono Street ▪ Honolulu, Hawaii ▪ 96819  
PHONE (808) 847-4267 ▪ FAX (808) 842-1514

## CREDIT APPLICATION

BUSINESS NAME: \_\_\_\_\_  
STREET ADDRESS: \_\_\_\_\_ P.O. BOX \_\_\_\_\_  
CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_  
PHONE: \_\_\_\_\_ FAX: \_\_\_\_\_ OTHER: \_\_\_\_\_  
CONTACT NAME: \_\_\_\_\_ email: \_\_\_\_\_  
CONTRACTOR'S LICENSE #: \_\_\_\_\_ YEAR ISSUED: \_\_\_\_\_

BUSINESS TYPE:  SOLE PROPRIETOR  PARTNERSHIP  CORPORATION

DATE WHEN STARTED/INCORPORATED: \_\_\_\_\_

LIST OTHER PRINCIPLES IN PARTNERSHIP OR CORPORATE OFFICERS:  
(List SSN for sole proprietor or partnership only)

NAME	TITLE	SSN
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_____	_____	_____
_____	_____	_____
_____	_____	_____

HOW LONG IN BUSINESS? \_\_\_\_\_ YEARS. IF LESS THAN 2 YEARS, MUST LIST PRIOR:

\_\_\_\_\_

PARENT COMPANY (NAME/ADDRESS): \_\_\_\_\_

ARE PURCHASE ORDERS REQUIRED FOR RENTAL?  YES  NO

TAX STATUS:  EXEMPT  NOT EXEMPT (if exempt, must attach certificate)

DO YOU HAVE LIABILITY INSURANCE COVERAGE?  YES  NO  
(Must provide a copy of your current General Liability Policy)

TYPES OF EQUIPMENT MOST LIKELY TO BE RENTED BY YOUR COMPANY:

BOOMLIFTS  SCISSORLIFTS  FORKLIFTS  TRAILER BOOMS  
 PORTABLE MATERIAL LIFTS  PORTABLE PERSONNEL LIFTS

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**BANK REFERENCES:**

**BANK NAME:** \_\_\_\_\_ **CITY/BRANCH:** \_\_\_\_\_

**CONTACT PERSON:** \_\_\_\_\_ **PHONE:** \_\_\_\_\_

**CHECKING ACCOUNT #:** \_\_\_\_\_ **LOAN ACCOUNT #:** \_\_\_\_\_

**TRADE REFERENCES (no subcontractors):**

	NAME	ADDRESS	PHONE
1.	_____	_____	_____
2.	_____	_____	_____
3.	_____	_____	_____
4.	_____	_____	_____
5.	_____	_____	_____

**BONDING COMPANY (NAME/ADDRESS)** \_\_\_\_\_

**For the purpose of establishing a credit line with A&E Equipment Rentals, Inc. I hereby authorize the above Named bank trade references to furnish the requested account/credit information.**

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Title

.....  
**IN CONSIDERATION OF SELLER'S APPROVAL OF THIS CREDIT APPLICATION AND ANY CREDIT NOW OR HEREAFTER EXTENDED BY SELLER TO APPLICANT(S), THE UNDERSIGNED HEREBY UNCONDITIONALLY GUARANTEES THE PAYMENT OF THE ACCOUNT STATED ABOVE IN ALL ITS TERMS MADE WITH OR WITHOUT NOTICE GIVEN TO THE UNDERSIGNED, WAIVES DEMAND FOR PAYMENT AND CONSENTS THAT EXTENSION OF TIME FOR PAYMENT MAY BE GRANTED TO THE APPLICANT(S) WITHOUT NOTICE TO, AND WITHOUT RELEASING THE LIABILITY OF, THE UNDERSIGNED.**

\_\_\_\_\_  
Personal Guarantor (signature)      Date

\_\_\_\_\_  
Personal Guarantor (signature)      Date

\_\_\_\_\_  
PRINT NAME:

\_\_\_\_\_  
PRINT NAME:

\_\_\_\_\_  
ADDRESS:

\_\_\_\_\_  
ADDRESS: