



CCM
RENTALCENTERS
CREDIT APPLICATION

The following application must be completed in full. CCM Rentals reserves the right to extend credit to only those that meet our qualifications. Credit applications must be completed and approved prior to rentals that will be put on the account.

Business Name/ EIN: _____

Street Address: _____

City: _____ State: _____ Zip Code: _____

Office Manager: _____ Phone #: (____) _____

Number of years in business under this name: _____

Owner of Company: _____

Owner since: _____

For contact purposes when delivering equipment, or updating a status of a reservation with CCM Rental, is there a cell number you can provide? Yes No

If YES, please provide the best contact cell number: Phone #: (____) _____

Is Your BILLING Address the same as your BUISNESS Address? Yes No
If you selected NO, please fill out your BILLING address below:

Street Address: _____

City: _____ State: _____ Zip Code: _____

BILLING Contact: _____ Phone #: (____) _____

BILLING E-Mail: _____



Our Business is a Corporation, Partnership, a Proprietorship (Select One)

If your business is a Corporation or Partnership, please provide your Federal ID # (required): _____

If your business is a Proprietorship, please provide your SSN (Required): _____

Are you Tax Exempt? Yes No

*If yes, an *exemption form* is required by CCM Rental

BANK REFERENCES:

NAME	ADDRESS	PHONE
_____	_____	_____
_____	_____	_____

TRADE REFERENCES:

NAME	EMAIL ADDRESS	PHONE
_____	_____	_____
_____	_____	_____
_____	_____	_____

It is acknowledged that payment terms are 30 days from invoice date. Account payments made with a credit card will have a processing fee added to the payment total. Statements are printed and emailed every 15 days as a reminder of payment. All invoices and statements will be sent via email.

Owner Signature _____ Date _____