



CREDIT APPLICATION

WAGNER RENTAL OF CHILLICOTHE, LLC
95 RENICK AVENUE
CHILLICOTHE, OH 45601
PH. 740-773-8665 FAX: 740-773-8667

CREDIT MGR: ANITA PAYNE
PHONE: 740-773-8665

NAME OF FIRM _____ PHONE _____

ADDRESS _____ FAX _____

CITY _____ ST _____ ZIP _____ YRS. AT THIS LOCATION _____

HEREBY APPLIES FOR CREDIT IN ACCORDANCE WITH THE TERMS AND CONDITIONS OF WAGNER RENTAL & SUPPLY
NEW BOSTON, OH--JACKSON, OH.--CHILLICOTHE, OH.--ASHLAND, KY.

OUR TERMS ARE NET 10TH OF THE MONTH FOLLOWING THE INVOICE DATE

PLEASE PROVIDE THE FOLLOWING INFORMATION:

CORP. _____ FEDERAL ID# _____ PARTNERSHIP _____ INDIVIDUAL _____

NAMES OF PRINCIPALS:

NAME _____ TITLE _____

NAME _____ TITLE _____

NAME _____ TITLE _____

NAME _____ TITLE _____

BANK _____ ADDRESS _____

CONTACT _____ PHONE _____

BUSINESS REFERENCES:

FAX NUMBERS MUST BE INCLUDED FOR CREDIT APPLICATION TO BE PROCESSED.

NAME _____ ADDRESS _____ FAX _____

NAME _____ ADDRESS _____ FAX _____

NAME _____ ADDRESS _____ FAX _____

ALL SALES ARE TAXABLE UNLESS TAX EXEMPTION CERTIFICATE HAS BEEN SUBMITTED.

BY SIGNING BELOW, I UNDERSTAND A FULL CREDIT INVESTIGATION WILL BE DONE AND I WILL BE RESPONSIBLE FOR THIS ACCOUNT. I ALSO UNDERSTAND YOUR CREDIT TERMS AND AGREE TO PROPER PAYMENT IN CONSIDERATION OF EXTENDED CREDIT. I CERTIFY ALL INFORMATION ON THIS FORM IS CORRECT.

SIGNATURE _____ TITLE _____

SOCIAL SECURITY# _____ DATE _____

OFFICE USE ONLY:

VERIFIED BY _____ CREDIT APPROVED _____ LIMIT _____