

GAINESVILLE  
PH: (352) 336-9800  
EX: (352) 336-6972

Sales Rep \_\_\_\_\_

PG 1  
JACKSONVILLE  
PH: (904) 378-0889  
FX: (904) 378-0886

**B & M EQUIPMENT RENTALS AND SALES**  
**PO BOX 3730**  
**BELLEVUE, FL 34421**  
**PHONE: (352) 245-9800**  
**FAX: (352) 245-2556 (credit department)**

**ACCOUNT APPLICATION**

Tax Exemption No: \_\_\_\_\_ Date: \_\_\_\_\_

Company Name in Full: \_\_\_\_\_ Mailing Address or P.O. Box: \_\_\_\_\_

Business Address: \_\_\_\_\_ Business Tel: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_ How long at this address: \_\_\_\_\_

How long in business: \_\_\_\_\_ yrs. \_\_\_\_\_ mo. Division of or D/B/A: \_\_\_\_\_

Business Names used in the Past Three Years: \_\_\_\_\_

CHECK IF APPLICANT IS: \_\_\_\_\_ PROPRIETORSHIP \_\_\_\_\_ PARTNERSHIP \_\_\_\_\_ CORPORATION

Owner/ President: \_\_\_\_\_ Home Address: \_\_\_\_\_ Home Phone No: \_\_\_\_\_

Partner or Vice President: \_\_\_\_\_ Home Address: \_\_\_\_\_ Home Phone No: \_\_\_\_\_

Company FEIN: \_\_\_\_\_ Owner Social Security #: \_\_\_\_\_

\*\*\*\*\*PLEASE ATTACH A PHOTO COPY OF OWNERS DRIVER'S LICENSE\*\*\*\*\*

TRADE REFERENCES	COMPLETE ADDRESS	PHONE & FAX NUMBER
1. _____	_____	_____
2. _____	_____	_____
3. _____	_____	_____

PRIMARY BANK: \_\_\_\_\_ ACCT#: \_\_\_\_\_

NOTE: We send out "Notice to Owners" and Liens on Past Due Accounts.

BY MY SIGNATURE BELOW I PERSONALLY GUARANTEE PAYMENT OF THIS ACCOUNT PROMPTLY.

Signed: \_\_\_\_\_ Date: \_\_\_\_\_

Print Name: \_\_\_\_\_

BY MY SIGNATURE ABOVE, I AM, AS INDIVIDUAL OR AS A REPRESENTATIVE OF THE COMPANY, ACKNOWLEDGING AND AGREEING TO B&M EQUIPMENT OBTAINING A CREDIT REPORT AND ALSO OBTAINING CREDIT INFORMATION FROM MY CREDIT REFERENCES AS PART OF THIS APPLICATION FOR CREDIT.

Gainesville  
PH: (352) 336-9800  
FX: (352) 336-6972

JACKSONVILLE  
PH: (904) 378-0889  
FX: (904) 378-0886

**B&M EQUIPMENT RENTAL & SALES, INC.**  
**PO BOX 3730**  
**BELLEVIEW, FL 34421**  
**PHONE: (352) 245-9800**  
**FAX: (352) 245-2556 (credit department)**

COMPANY: \_\_\_\_\_

CONTACT IN ACCOUNTING DEPARTMENT: \_\_\_\_\_

PHONE NUMBER: \_\_\_\_\_ FAX NUMBER: \_\_\_\_\_

EMAIL ADDRESS FOR ACCOUNTS PAYABLE \_\_\_\_\_

DOES YOUR COMPANY REQUIRE A P.O. NUMBER? \_\_\_\_\_ CREDIT LIMIT REQUESTED: \_\_\_\_\_

DO YOU UTILIZE OUR EQUIPMENT AT VARIOUS LOCATIONS? \_\_\_\_\_

IF YES, UPON RENTING EQUIPMENT WE WILL REQUEST EITHER A JOB NUMBER OR LOCATION WHERE THE EQUIPMENT WILL BE USED. \_\_\_\_\_

WITHIN YOUR COMPANY, WHO IS AUTHORIZED TO SIGN FOR RENTALS AND/OR MERCHANDISE?

- 1. \_\_\_\_\_
- 2. \_\_\_\_\_
- 3. \_\_\_\_\_
- 4. \_\_\_\_\_
- 5. \_\_\_\_\_
- 6. \_\_\_\_\_

ANY SPECIAL NOTES: \_\_\_\_\_  
\_\_\_\_\_

**NOTE: IF YOU SPECIFY THAT YOU ARE TAX EXEMPT PLEASE COMPLETE AND RETURN A BLANKET CERTIFICATE OF RESELL. IF THIS ITEM IS NOT RETURNED WITH YOUR APPLICATION, TAX WILL BE CHARGED TO YOUR ACCOUNT.**

**PLEASE REMIT ALL PAYMENTS TO:**  
**B & M EQUIPMENT**  
**PO BOX 3730**  
**BELLEVIEW, FL 34421**

**POLICY STATEMENT**

**TERMS: NET 30 DAYS**

Our Credit Application forms must be completed returned, and on file as a condition for opening and maintaining a charge account along with this policy statement.

**INSURANCE:**

Damage Waiver will be charged on all invoices until a valid certificate is received meeting B&M Equipment Rental & Sales, Inc. requirements. The certificate must include equipment floater coverage in the amount equal to the value of the equipment, showing B&M EQUIPMENT IS LOSS PAYEE IN REGARDS TO RENTED/LEASED EQUIPMENT. **Under no circumstances will a credit be issued for Damage Waiver charges on posted invoices if B&M Equipment Rental & Sales, Inc. has not received the valid certificate prior to the billing, regardless if the insurance was in effect during the billing period.** Upon expiration of the insurance certificate, it is the customer's full responsibility to provide a current certificate to B&M Equipment Rental & Sales, Inc. to avoid future charges. Certificates should be mailed or faxed to 352 245-2556.

**PAYMENTS:**

Each invoice is due in full on or before 30 days following the invoice date, or 10<sup>th</sup> of following month from date of statement.

**PAST DUE ACCOUNTS:**

Past due accounts of sixty (60) days or more are subject to being placed on "CREDIT HOLD" or "CASH WITH ORDER", and will remain so until arrangements, approved by our credit department, have been made. A finance charge of 1 1/2% per month will be assessed on ALL overdue accounts.

Any account with unpaid invoices that is 90 days old will be notified and allowed ten (10) working days for payment before being placed with our Attorney. Attorney's fees and collection costs will be borne by the customer if their account must be placed for collection with our Attorney's.

By my signature below, I am, as an individual or as a representative of the company, acknowledging and agreeing to obtain a credit report as part of this application for credit.

The customer below does hereby agree to all of the above policy statement for consideration and extension of credit by B&M Equipment Rental and Sales, Inc.

COMPANY NAME: \_\_\_\_\_

AUTHORIZED SIGNATURE: \_\_\_\_\_

TITLE: \_\_\_\_\_

DATE: \_\_\_\_\_

**ATTENTION:** All three pages must be filled out COMPLETELY, signed by an Officer of the company to avoid delaying your credit with our company. Please be sure to provide correct numbers for all references.