



# COMMERCIAL ACCOUNT CREDIT APPLICATION

Northside Tool Rental, Inc.- Jo & Jim, Inc. - Mili, Inc.

Collectively referred to as, and doing business as:

Northside Tool Rental

35 Irby Ave. NW

Atlanta, GA 30305

Phone: 404-419-6686

Fax: 404-237-8993

NTR Use only  
Employee \_\_\_\_\_  
Cust. Currently Cash \_\_\_\_\_

### Company Information

Company Name \_\_\_\_\_ Phone \_\_\_\_\_  
 Physical Street Address \_\_\_\_\_ Fax \_\_\_\_\_  
 City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_  
 How long at this address \_\_\_\_\_ Date business started \_\_\_\_\_ Type of business \_\_\_\_\_  
 Billing Address (if different) \_\_\_\_\_  
 Business structure (check one) Individual Partnership Corporation  
 If business is corporation, what type (check one) C Corp S Corp LLC Other  
 Federal Tax ID # \_\_\_\_\_ State Incorporated \_\_\_\_\_ Requested Credit Limit \_\_\_\_\_

### Billing Information

PO # Required? Yes No Job # or Job Name Required? Yes No Are you tax exempt? Yes No  
 Do you require job site billing? Yes No (if yes, we'll contact you during credit processing for details)  
 A/P Contact \_\_\_\_\_ Phone \_\_\_\_\_ Fax \_\_\_\_\_  
 Is your company bonded? Yes No If yes: Bonding Co \_\_\_\_\_ Phone \_\_\_\_\_ Account # \_\_\_\_\_

### Company Ownership Information

Principal Owners / Officers	Social Security #	Title	Home Address (including zip please)	Phone
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

### Banking Information

Bank Name \_\_\_\_\_ Account # \_\_\_\_\_ Contact Name \_\_\_\_\_ Phone \_\_\_\_\_  
 Bank Name \_\_\_\_\_ Account # \_\_\_\_\_ Contact Name \_\_\_\_\_ Phone \_\_\_\_\_

### Trade References (4 Minimum, please)

Name	Address	Acct #	Phone #	Fax #
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

### TERMS

The Undersigned hereby agrees that the terms of sale and rental are NET 30 DAYS from the date of the invoice. Anything that is not paid within these terms becomes past due, and a service charge of 1 1/2% per month (18% per annum) will be added on any past due portion and must be paid in full. Regarding disputed invoices, the Undersigned agrees to provide written notice to the above address of any discrepancies within 21 days of the invoice date. In the event of default of payment, the Undersigned personally agrees to pay the amount owed, plus all collection costs & fees, including court costs and attorney fees that may be incurred by Northside Tool Rental. The undersigned agrees to promptly notify Northside Tool Rental of any changes to the above information, including but not limited to, name/ownership changes & changes of address. The undersigned does hereby certify that the information contained in this application is true & correct to the best of my knowledge and hereby authorizes any credit investigation needed for verification purposes in accordance with the Fair Credit Reporting Act, Public Law 9-508.

Name (Print) \_\_\_\_\_ Signature \_\_\_\_\_ Title \_\_\_\_\_ Date \_\_\_\_\_