



Capital Rental Inc.
5345 Commercial St SE Salem, OR 97306
503-378-1122

Business Credit Application

All Applications must be completed and signed prior to processing

Type of Business: Date Started:
Company Name: Email:
Address: D&B Number:
City, State, Zip: Tax ID Number:
Phone Number: Resale #(attach copy):
Fax Number: Contact Name:

Bank Reference:

Name: Phone Number:
City, State, Zip: Account Number:

Officers, Owners, Partners, or Principals:

Name & Title: Name & Title:
Home Address: Home Address:
City, State, Zip: City, State, Zip:
Social Sec. #: Social Sec. #:

Trade References:

Company Name: Company Name:
City, State, Zip: City, State, Zip:
Phone Number: Phone Number:
Fax Number: Fax Number:
Account #: Account#:
Company Name: Company Name:
City, State, Zip: City, State, Zip:
Phone Number: Phone Number:
Fax Number: Fax Number:
Account #: Account #:

Business Credit Applicant ("Company") acknowledges that the above information is true and accurate. The undersigned individual(s) warrant(s) that he and/or she is/are authorized to execute this application. The signature below serves as authorization to receive both personal and company credit information necessary to process this application. Company agrees to pay all costs incurred to Capital Rental Inc. in collecting past due balances, including reasonable attorney's fees, collection fees, finance charges, and NSF check fees. This AGREEMENT is entered into in Marion County, State of Oregon, and will be governed by the laws of the State of Oregon; and shall for all intents and purposes be construed and enforced with Oregon law. Any disputes hereunder shall be resolved in the courts of Marion County, State of Oregon.

Signature & Title: Date:

Billing Address: _____

City: _____

State: _____ Zip: _____

Accounts Payable

Contact: _____ Phone: _____

Email: _____

Would you prefer Invoices be:

Mailed: _____

Emailed: _____

Given to Employee: _____

All Accounts are a Net the 10th of the following Month.

For any and all invoice/work order inquiries, please contact **Mark** at 503-378-1122 or markcapitalrental@comcast.net

The Account requires:

- Purchase Order _____
- Job Identification _____
- Verification by Phone _____
- Damage Waiver Accepted _____
- Tax Exempt _____

Signed: _____

Comments:

Authorized User List

Name: _____ Name: _____

Cell #: _____ Cell #: _____

Name: _____ Name: _____

Cell #: _____ Cell #: _____

Name: _____ Name: _____

Cell #: _____ Cell #: _____

Name: _____ Name: _____

Cell #: _____ Cell #: _____

Name: _____ Name: _____

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Name: _____ Name: _____

Cell #: _____ Cell #: _____

Name: _____ Name: _____

Cell #: _____ Cell #: _____

Name: _____ Name: _____

Cell #: _____ Cell #: _____



Credit Application

Please fill out Application and return to:

Mark Bassett
Capital Rental
5345 Commercial St SE
Salem, OR 97306
503-378-1122
markcapitalrental@comcast.net