



**G.T. RENTALS CORP**  
 310 NASSAU AVE., BROOKLYN NY 11222  
 Tel # 718-782-7887 Fax # 718-782-9338

[print](#)

**CREDIT APPLICATION**

Company Name:

Address(Physical):

\*Email (\*Required):

Telephone No:

Fax No:

Corporation  Proprietorship  Partnership  Years Established \_\_\_\_\_

Federal Tax ID No:

Social Security No:

**Ownership**

**President/Owner:**

**Social Security No:**

Home Address:

Own Home:

Rent Home:

Home Tel. No:

Driver License No:

**Other Principals:**

**Name** \_\_\_\_\_

**Title** \_\_\_\_\_

**Social Security No:**

Home Address:

Own Home:

Rent Home:

Home Tel. No:

Driver License No:

**Other Principals:**

**Name** \_\_\_\_\_

**Title** \_\_\_\_\_

**Social Security No:**

Home Address:

Own Home:

Rent Home:

Home Tel. No:

Driver License No:

**Agreement**

In connection with this credit application, I/We hereby authorize you to contact the attached bank and trade references "listed below" to verify our credit standing with them, and further authorize the bank and trade references to release said information to you. In addition you, the creditor, are hereby authorized to obtain, at your own cost, my/our personal credit report from a credit bureau (agency) of your choosing. All information provided in this application is true and correct. I/We understand and accept the payment terms which are described herein. Payments are due within 10days of billing. For balances over 30days there will be a 1.5% service charge per month (18% per year) plus collection costs including a reasonable attorney's fee.

Signed

Title

Date

Signed

Title

Date

**Principal(s)'or Owner's Personal Guaranty(ies)**

In consideration of credit being extended to this applicant, I/We, the undersigned, jointly and severally, do hereby, personally guarantee, unconditionally, at all times, to G. T. Rentals the payment of indebtedness or balance of indebtedness of the applicant and/or my/our affiliates.

PRINT NAME

Signature

Date

PRINT NAME

Signature

Date

**OFFICE USE ONLY**

Amount Approved for:

Approved By:

Credit Denied:

Date Approved/Declined:

Credit Inquiry Results:

### Bank References

Bank Name:	Account No:
Address:	Contact Name:
Tel No:	Fax No:

### Trade References

Company Name	Account No
Address	Contact Name:
Tel No:	Fax No

Company Name	Account No:
Address	Contact Name:
Tel No:	Fax No:

Company Name	Account No:
Address	Contact Name:
Tel No:	Fax No:

Company Name	Account No:
Address	Contact Name:
Tel No:	Fax No:

Company Name	Account No:
Address	Contact Name:
Tel No:	Fax No:

Company Name	Account No:
Address	Contact Name:
Tel No:	Fax No:

### Additional Comments

Please, **Print, Complete** and **Sign** the **Credit Application** and mail it to us along with the **Credit and Trade Inquiry** forms. Do not complete these two last forms, just sign them where the X is.

**Note:** You can also fax all **three forms to 718-388-4309, no cover letter needed**, in order to expedite the process. However, you still have to mail us only the original **Credit Application** in order to set up your credit account.

Thank You for considering GT Rentals as your new supplier for Equipment/Tools/Sales/Rentals and Repair services.



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### CREDIT INQUIRY

Date: \_\_\_\_\_  
To: \_\_\_\_\_ at Fax No. \_\_\_\_\_  
Re: \_\_\_\_\_  
Att: \_\_\_\_\_

The referenced entity has given us your bank's name in order to obtain credit information.

We would appreciate any information you can furnish us, below, relating to the referenced entity. All information would be kept confidential.

Bank A/C No.: \_\_\_\_\_  
Date Account opened: \_\_\_\_\_  
Average Balance: \_\_\_\_\_

Account Relationship:    Borrowing                                        Non-Borrowing              
   Satisfactory                                        Non-Satisfactory           

Other comments: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Below is referenced entity's signature authorizing release of information requested above.

X \_\_\_\_\_ << Sign here only

### To the financial institution:

**PLEASE FAX YOUR INFORMATION TO GT Rentals AT:**  
**718-388-4309**

Very Truly Yours,  
\_\_\_\_\_  
Credit Department



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### TRADE INQUIRY

Date: \_\_\_\_\_  
To: \_\_\_\_\_ Fax \_\_\_\_\_  
Re: \_\_\_\_\_ Account No. \_\_\_\_\_  
Att: \_\_\_\_\_

The above referenced business entity gave us your company's name for trade reference.

We will appreciate any information you can share with us on your business experience with said entity. All information furnished will be held in strict confidence

Credit Limit: \_\_\_\_\_ Payment Terms: \_\_\_\_\_  
Current Balance: \_\_\_\_\_ Past Due Balance: \_\_\_\_\_  
 Personally Guaranteed Last Sale \_\_\_\_\_

Payment History  Prompt  Slow - No of Days \_\_\_\_\_  Disputes Invoices  
Relationship:  Satisfactory  Non-Satisfactory Relationship Since: \_\_\_\_\_

Other comments:  
\_\_\_\_\_  
\_\_\_\_\_

Applicant's signature authorizing release of information.

X \_\_\_\_\_ << Sign here only

**PLEASE FAX INFORMATION TO US AT: 718-388-4309**

Your prompt response will be appreciated.  
Very Truly Yours,

\_\_\_\_\_  
Credit Department