



4-Way Equipment Rentals Corp.
 Address: 8430-24 Street, Edmonton, AB T6P 1X8
 P: 780.464-4929 F. 780.417.4929
 Web: www.4-way.com

CREDIT APPLICATION

(Include #Co.)

Business name: _____

Billing Address: _____

Physical Address: _____

Phone number: _____ Fax #: _____

Company Contact(s): _____

Company Principal(s): _____

A/P Contact & Email: _____

Credit Requested: \$ _____ Date of Incorporation: _____

Does the Company Require P.O.? YES NO Nature of Business: _____

Purchaser Contacts(s) & Email: _____

Insurance Options:

Property Insurance must be provided showing proof of coverage for rented or leased equipment with a limit equal to the full replacement value of all equipment rented from 4-Way Equipment Rentals Corp. at any point in time, in order to avoid being charged under 4-Way Equipment Rentals Corp. optional Rental Protection Plan (RPP) on each Rental Agreement.

- Certificate of Insurance Attached Accept Rental Protection (15%)

Bank Name: _____ Account #: _____

Address: _____

Contact Name & Phone Number: _____

3 Credit Trade References minimum (does not include utilities or finance companies):

Company name	Phone #	Fax #
_____	_____	_____
_____	_____	_____
_____	_____	_____

Terms and Conditions: I understand that rentals and/ or purchases shown on contracts, invoices and monthly statements must be paid 30 days following the date of the invoice. It is understood that accounts 30 days overdue or more are subject to an interest charge of 2% per month. This charge shall be debited directly to the account and will become part of the total amount payable. The undersigned certifies that the above information is correct. I hereby authorize Canadian Equipment Rental Fund Limited Partnership o/a 4-Way Equipment Rentals Corp., a wholly owned subsidiary of Canadian Equipment Rental Fund Limited Partnership to obtain a credit report/or other credit information from references provided to us. I also authorize 4-Way Equipment Rentals Corp. to hold, use, exchange and disclose this information as required in order to administer our application and account for present and future consideration. **The undersigned has authority to bind the applicant:**

 Authorized Signature

 Print Name

 Date signed

Office Use Only: Approved: _____

Declined: _____

Date: _____

Init: _____