



410 West Carmel Drive
Carmel, Indiana 46032

APPLICATION FOR CREDIT



Phone (800) 276-8665
Fax (317) 566-2990

- Individual
 Company: Sole Proprietorship
 LLC
 Corporation
 Other

Phone: (_____) _____
 Fax: (_____) _____
 Email: _____

Name: _____ Address: _____ _____ City: _____ State: _____ Zip: _____	Type of Business: _____	No. of years in Business: _____
Principals of Ownership: _____ _____ _____		Officers of the Company: _____ _____ _____

Mailing Address (If Different)

Name: _____
Address: _____

City: _____
State: _____ **Zip:** _____

Accounts Payable Contact and Direct Number: _____ _____	Persons authorized to sign for Company: _____ _____ _____ _____
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References:	NAME	PHONE NUMBER
Bank Checking:	_____	_____
Savings:	_____	_____
Finance Co:	_____	_____
	_____	_____

Credit Cards:	NAME	ACCOUNT NUMBER	EXP. MO/YR
	_____	_____	_____/_____
	_____	_____	_____/_____

Limit of Dollars (\$) Amount Desired: _____
Days Needed for Payment: _____

Credit Reference	NAME	PHONE NUMBER	FAX NUMBER
(Min of 3):	_____	_____	_____
	_____	_____	_____
	_____	_____	_____
Rental & Equipment Co(s):	_____	_____	_____

Company's policy on:

Purchase Order/Job info?
 Yes No

Job Site Information Required?
 Yes No

BILLING:

- Terms: Net 30 days from date of invoice.
- Past due invoices will be charged 1.5% per month interest charge (18% annual rate).
- Statements are printed 25th of each month.
- Accounts are subject to closure if timely payments are not received.

Paperless Options for Invoices / Monthly Statements:

Email _____
 Fax _____
 Other _____

Are you Tax Exempt?
 Yes* No

*If yes, attach tax exempt certificate.

I hereby agree that all amounts due are payable Net 30 days from date of invoice. Customer authorizes Runyon to investigate all credit history, bank references and any other information required to process this application and as it deems necessary in the future.

Name of person making request: _____
Title: _____
Signature: _____
Date: _____