

# Wildcat Tool Rental, Inc.

5093 S. State Hwy 125 Rogersville, MO 65742  
(417)753-8665 (417)753-4368 (Fax)

## REQUEST FOR ACCOUNT

Application Date: \_\_\_\_\_

Charge Account (monthly bill): \_\_\_\_\_

Non-Charge Account (due at time of service): \_\_\_\_\_

Please print neatly. Information page must be filled out completely in order to process your account request.

### Company Information

Company name: \_\_\_\_\_

DBA (if applicable): \_\_\_\_\_

Principals: \_\_\_\_\_

Name \_\_\_\_\_ Title \_\_\_\_\_ SS# \_\_\_\_\_

Name \_\_\_\_\_ Title \_\_\_\_\_ SS# \_\_\_\_\_

Name \_\_\_\_\_ Title \_\_\_\_\_ SS# \_\_\_\_\_

C-Corp\_\_\_ S-Corp\_\_\_ Partnership\_\_\_ Trust/Estate\_\_\_ Individual/Sole Proprietor\_\_\_ LLC\_\_\_

Company Address (No PO Boxes) \_\_\_\_\_

City, State, Zip \_\_\_\_\_

County Business Located In \_\_\_\_\_ Phone # \_\_\_\_\_ Fax # \_\_\_\_\_

Federal ID # \_\_\_\_\_ Tax Exempt # (If applicable, please attach form) \_\_\_\_\_

Accounts Payable Contact \_\_\_\_\_ Phone# \_\_\_\_\_

Email: \_\_\_\_\_

## Personal Information of Guarantor

Guarantor Name: \_\_\_\_\_

*(Must have Printed name, and Signature of Guarantor if S-Corp, LLC, Partnership, Individual, or Trust/Estate)*

\_\_\_\_\_  
Home Address

\_\_\_\_\_  
City, State, Zip

\_\_\_\_\_  
Date of Birth

\_\_\_\_\_  
Phone #

\_\_\_\_\_  
Cell #

\_\_\_\_\_  
Driver's License #

## Credit Card Information

\_\_\_\_\_  
Card Number

\_\_\_\_\_  
Card Holders Name

\_\_\_\_\_  
Expiration Date

\_\_\_\_\_  
Security Code

Is a P.O. Number or Job Name required to rent?  YES  NO

## Bank Reference

\_\_\_\_\_  
Bank Name

\_\_\_\_\_  
Address

\_\_\_\_\_  
City, State, Zip

\_\_\_\_\_  
Contact Person

\_\_\_\_\_  
Phone #

\_\_\_\_\_  
Fax #

\_\_\_\_\_  
Savings Account #

\_\_\_\_\_  
Checking Account #

\_\_\_\_\_  
Loan Account #

# Trade References

\_\_\_\_\_  
Name Address City, State, Zip

\_\_\_\_\_  
Email Phone # Fax #

\_\_\_\_\_  
Name Address City, State, Zip

\_\_\_\_\_  
Email Phone # Fax #

\_\_\_\_\_  
Name Address City, State, Zip

\_\_\_\_\_  
Email Phone # Fax #

Financial information may be requested to the information provided herein.

## Wildcat Tool Rental Account Agreement

In consideration of Wildcat Rental extending credit to the above business, applicant does hereby agree to individually or jointly pay for all products according to **Wildcat Tool Rental's** payment terms. The applicant agrees to pay all reasonable collection fees, court costs, mail fees, and attorney fees incurred by **Wildcat Tool Rental** during the collection of all past due accounts.

I hereby allow **Wildcat Tool Rental** to investigate any reference herein listed of statements or other information obtained from me or any other person pertaining to my credit or financial responsibility. I understand that all accounts will be paid net 30 days from date of invoice; a service charge (late fee) will be computed at a rate of 1.5 % with a minimum rate of \$5.00 per month. Charges are determined by using previous month's unpaid balance.

Signature(s) must be signed by owner, proprietorship, general partners if partnership or officer/agent if corporation.

\_\_\_\_\_  
Printed Name Signature Date

\_\_\_\_\_  
Printed Name Signature Date

Please attach proof of insurance listing Wildcat Tool Rental as loss payee and additionally insured on all rented and leased equipment.

Please list all who are able to rent on this account  
(If not listed we will not rent to on this account)

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_
4. \_\_\_\_\_
5. \_\_\_\_\_
6. \_\_\_\_\_
7. \_\_\_\_\_
8. \_\_\_\_\_
9. \_\_\_\_\_
10. \_\_\_\_\_

