

# BULLET

RENTAL & SALES, inc.

5900 South 6th Street, Suite B Klamath Falls, OR 97603 (541) 885-5555 Fax (541) 884-1532



## Credit Application

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

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Street Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

### Business Type

Corporation: \_\_\_\_\_ Individual: \_\_\_\_\_ Partnership: \_\_\_\_\_

Years in Business: \_\_\_\_\_

### Principal Owners/Officers/Partners:

Name	Home Address	Phone
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### Bank References:

Name	Account #	Type	Phone
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### Credit References:

Name	Credit Limit	Fax	Phone
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Do you require Purchase Orders?..... Yes  No

Do you require Job Names? ..... Yes  No

Do you require e-mailed Invoices/Statements? ..... Yes  No

If yes, provide the e-mail address: \_\_\_\_\_

In consideration of extending credit to the above applicant, we undersigned as individuals, owners, or corporate partners individually and/or jointly guarantee the payment of all future obligations of the above mentioned, which may be due and owing to individuals. Guarantors herein further agree to pay upon demand all costs and expenses of collection, including but not necessarily limited to collection fees and/or attorney fees herein filled at 30% of the amount sought for collection together with interest on the outstanding principal balance at the rate of 18% per annum or 1.5% per month on all invoices not paid in accordance with the terms therein.

Signed: \_\_\_\_\_ Date: \_\_\_\_\_

Signature of Individual Guarantor

MAIL OR FAX A COPY OF YOUR CERTIFICATE OF INSURANCE TO THE ABOVE ADDRESS. A DAMAGE WAIVER WILL BE CHARGED IF WE DO NOT HAVE A VALID CERTIFICATE OF RENTED AND LEASED EQUIPMENT INSURANCE ON FILE.



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## Personal Guarantee Agreement

In making this agreement for credit, the customer acknowledges receipt of Bullet Rental and Sales, Inc. terms and pay a service charge of 2% per month, which is an annual percentage rate of 24% (twenty-four) of all overdue balances. In the event a suit is necessary to collect any amount, the customer agrees to pay the seller's reasonable attorney's fees for appeal.

I the undersigned personally, jointly and severally guarantee(s) payment of all invoices and other charges as set forth above noted firm and understand payments on accounts will be applied against the oldest open invoices.

Personal Guarantee of account of: \_\_\_\_\_

Signature: \_\_\_\_\_ Printed Name: \_\_\_\_\_

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