



5900 South 6th Street, Suite B Klamath Falls, OR 97603 (541) 885-5555 Fax (541) 610-1568 bullet@bulletrental.com

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:

Table with 3 columns: Name, Home Address, Phone. Three rows for listing owners/officers/partners.

Bank References:

Table with 4 columns: Name, Account #, Type, Phone. One row for listing a bank reference.

Credit References:

Table with 4 columns: Name, Credit Limit, Fax, Phone. Three rows for listing credit references.

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 24% per annum or 2% per month on all invoices not paid in accordance with the terms therein.

Signed: _____ Date: _____
Signature of Individual Guarantor

A DAMAGE WAIVER WILL BE CHARGED IF WE DO NOT HAVE A VALID CERTIFICATE OF INSURANCE FOR RENTED AND LEASED EQUIPMENT ON FILE. PLEASE SEE OUR DAMAGE WAIVER, CERTIFICATE OF INSURANCE REQUIREMENTS.

This CREDIT APPLICATION can be mailed, faxed or emailed.



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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: _____

BULLET

RENTAL & SALES, inc.

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Damage Waiver, Certificate of Insurance Requirements

For Bullet Rental and Sales, Inc to waive our 14% Damage Waiver Fee we require a current Certificate of Insurance showing the following:

- a.) Lists Bullet Rental and Sales, Inc. as additionally insured and loss payee with respects to leased and/or rented equipment.
- b.) Must show insurance coverage on rental equipment with policy number listed and limit of coverage must be enough to cover replacement cost of equipment being rented.

Certificate of Insurance can be e-mailed to: bullet@bulletrental.com