



Broadway Rental Equipment Company Credit Application

Company Name: _____
Address: _____
City: _____ State: _____ Zip Code: _____
Phone Number: (____) _____ Fax Number: (____) _____
E-Mail Address: _____

Name of Principal Owner(s): _____ Years in Business: _____
Federal Tax Id Number: _____ or Social Security Number: _____
Does your firm require Purchase Order Numbers? YES _____ NO _____
Accounts Payable Contact: _____

Bank Name: _____ Bank Contact: _____
Bank Account Number (MUST BE PROVIDED): _____
Bank Address: _____
City: _____ State: _____ Zip Code: _____
Bank Phone Number: (____) _____

Credit References (please fill out all 4 completely)

Company Name: _____	Company Name: _____
Address: _____	Address: _____
City: _____	City: _____
State: _____ Zip Code: _____	State: _____ Zip Code: _____
Phone # _____	Phone # _____

Company Name: _____	Company Name: _____
Address: _____	Address: _____
City: _____	City: _____
State: _____ Zip Code: _____	State: _____ Zip Code: _____
Phone # _____	Phone # _____

Broadway Rental does require every applicant to submit a valid credit card number with expiration date. All accounts are Due Net 10. In the event you account may become past due Broadway Rental will apply the past due amount to your credit card and you will be sent a receipt for the charge. Please furnish a valid credit card number with expiration date and sign the authorization to allow us to charge your card. We accept Visa, Master Card, Discover, and American Express.

Credit Card Number: _____ Expires: _____

I authorize Broadway Rental to charge my credit card in the event my account becomes past due.

Signature: _____

I understand that Broadway Rental equipment Company invoices are net and due in ten (10) days following the billing. I certify that the above information is true and correct and also agree to the terms of net ten (10) days. Finance charges will be assessed on delinquent accounts over 30 days at a periodic rate of 1.5% which is an annual percentage rate of 18%. The purchaser / renter agree to pay all costs of collection and reasonable attorneys fees upon default of the account. I agree to pay for all charges by those authorized to charge on this account and agree that ant additions or deletions will be made in writing.

I authorize Broadway Rental Equipment Company to verify this information and / or obtain additional information by securing data from a credit reporting agency and / or bank.

Signed: _____ Position: _____ Date: _____

**Submit to: Broadway Rental Equipment Company 6800 – West Broadway, Brooklyn Park MN 55428
Or Fax to (763) 533-3227 This form may also be E-mailed to: mjibr6800@comcast.net**