



Credit Application for a Business Billing Account

Please email to Accountsreceivable@burnsrentals.com or fax to (574) 257-2600

Business Contact Information			
Company Name:			
Phone:	Fax:	Email:	
Company Address:			
City:	State:	Zip Code:	
Date Company Began:			
Owner:	Partnership:	Corporation:	Other:

Business and Credit Information			
Business Billing Address:			
City:	State:	Billing Email:	
Years at Company Address:			
Phone:	Fax:	Zip Code:	
Bank Name:			
Bank Address:		Phone:	
City:	State:	Zip Code:	
Type of Account:		Account Number:	

Business/Trade References

1. Company Name

Address:

City:

State:

Zip Code:

Phone:

Fax:

Email:

Account Number:

2. Company Name

Address:

City:

State:

Zip Code:

Phone:

Fax:

Email:

Account Number:

3. Company Name:

Address:

City:

State:

Zip Code:

Phone:

Fax:

Email:

Account Number:

Agreement:

1. All invoices are to be paid 30 days from the date of the invoice.
2. By submitting this application, you authorize Burns Rent-Alls, INC. to make inquiries into the banking and business/trade references that you have provided.
3. In the event of an account that remains unpaid and is placed with an outside collection source, your company agrees to be responsible for the costs of collection including, but not limited to; collection agency fees and attorney fees.
4. All invoices and statements will be sent to the billing Email or Fax provided.

Signature:

Signature:

Title:

Printed Name:

Date: