

# RENTCO RENTALS, LLC.

2807 SABLE MILL LANE  
JEFFERSONVILLE, IN 47130  
(812) 282-3200

## ACCOUNT APPLICATION

### CUSTOMER INFORMATION

D & B Rating: \_\_\_\_\_

D & B #: \_\_\_\_\_

Company Name \_\_\_\_\_

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

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_ - \_\_\_\_\_

Phone \_\_\_\_\_ Toll Free \_\_\_\_\_ FAX \_\_\_\_\_

Billing Address (If different than above) \_\_\_\_\_

E-mail Address(es) \_\_\_\_\_

Corporation? Yes \_\_\_ No \_\_\_ Partnership? Yes \_\_\_ No \_\_\_ Sole Prop.? Yes \_\_\_ No \_\_\_

Federal ID # \_\_\_\_\_ Social Security # \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Date Operation Began: \_\_\_\_\_ No. of Employees: \_\_\_\_\_ If Sole Proprietor or Guarantor, please sign below to

Type of Business: \_\_\_\_\_ authorize personal credit report.

P. O. required? Yes \_\_\_ No \_\_\_ Contact: \_\_\_\_\_ L.S. \_\_\_\_\_ DOB \_\_\_\_\_

Do you ever transport hazardous material, refuse or waste? Yes \_\_\_ No \_\_\_ If yes, what? \_\_\_\_\_

### OPERATIONAL STRUCTURE

Power (Qty) \_\_\_\_\_

Leased/Rented      Financed      Owned

Trailers (Qty) \_\_\_\_\_

Leased/Rented      Financed      Owned

Drivers (Qty) \_\_\_\_\_

Company      Owner/Operators

**INSURANCE** – Minimum \$1,000,000 Liability required & Physical Damage Coverage Required. **Rentco Rentals, LLC** must be named Additional Insured & Loss Payee.

Insurance Agent \_\_\_\_\_

Phone \_\_\_\_\_

### REFERENCE INFORMATION

	BANK	EQUIP. FINANCE	EQUIP. FINANCE	LEASE	TRADE
Name					
Address					
City					
State					
Account #					
Contact					
Phone					
FAX					

This information was received from:

(Print) Name \_\_\_\_\_

Signature \_\_\_\_\_

Title \_\_\_\_\_ Date \_\_\_\_\_

**FAX (812) 282-6200**

Signature or electronic submission authorizes complete credit investigation.