



MIDWEST HIGH REACH

2139 Maxim Dr. – Joliet, IL 60436
Phone: 815-725-1794 Fax: 815-725-2136

CREDIT APPLICATION

****Application Must Be Completely Filled Out To Be Considered For Credit****

SALESMAN _____

Business Name _____ FEIN # _____

Billing Address _____

Billing Email _____ Fax _____

Business Phone _____ Years in Business _____

<u>Business Identity</u>	<u>Business Type</u>	<u>School</u>	<u>Tax Type</u>
<input type="checkbox"/> Sole Proprietor	<input type="checkbox"/> Construction	<input type="checkbox"/> Church	<input type="checkbox"/> Taxable
<input type="checkbox"/> Partnership	<input type="checkbox"/> Industrial	<input type="checkbox"/> Non- Profit Org.	<input type="checkbox"/> Tax Exempt # _____
<input type="checkbox"/> Corporation	<input type="checkbox"/> Government	<input type="checkbox"/> Other _____	(Please include documentation with completed application)
<input type="checkbox"/> Other	<input type="checkbox"/> Municipality		

Do you require a Purchase Order Number On Your Invoices? _____ Jobsite _____

Has this Company Filed Bankruptcy, had Tax Liens or any Civil Suits filed in the Past 5 Years? _____

Officers, Owners, or Other Responsible Parties:

1. Name _____ Title _____ SS# _____

Address _____ Phone # _____

2. Name _____ Title _____ SS# _____

Address _____ Phone # _____

Business References: If you do not supply the fax number, processing can take up to 2 weeks. Please contact your references and obtain the fax number prior to submitting application.

Bank Affiliation _____ Bank Rep _____

Bank Address _____

Acct # _____ Phone # _____ Fax # _____

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Business References

1. Firm/Name _____

City/State _____ Phone # _____ Fax _____

2. Firm/Name _____

City/State _____ Phone # _____ Fax _____

3. Firm/Name _____

City/State _____ Phone # _____ Fax _____

4. Firm/Name _____

City/State _____ Phone # _____ Fax _____

Insurance Requirements: (Excluding equipment sales)

- General Liability: \$1,000,000
 - Equipment Floater: Coverage must be all risk, replacement cost coverage up to the value of the equipment rented; no boom/overload exclusions apply.
 - Midwest High Reach, Inc. shall be named as additional insured and loss payee
- Applicants that do not carry equipment floater coverage will be invoiced a Limited Damage Waiver fee of 14% of the total rental rate.**

I/WE ON BEHALF OF THE UNDERSIGNED ENTITY AGREE TO PAY FOR ALL THE CHARGES TO OUR ACCOUNT UNDER THE FOLLOWING TERMS AND CONDITIONS:

Terms: Invoices are due net 30 from the date of invoice. At the discretion of Midwest High Reach, Inc., any account with a delinquent balance may be placed on a cash basis at any time, and/or the equipment picked up without notice. The undersigned hereby agrees to pay all costs related to collect any unpaid balances, which includes but not limited to collections, court and attorney fees. I understand that there may be occasions when I am unable to execute Rental Agreements before equipment is delivered at job sites pursuant to my instructions and pursuant to my company purchase order/purchase approval and I hereby give Midwest High Reach, Inc. a limited power of attorney to sign Rental Agreements on my behalf as my attorney-in-fact.

I hereby authorize the above listed bank, insurance company and business references, or others contacted at Midwest High Reach, Inc. discretion to release credit and account information to Midwest High Reach, Inc. for the purpose of establishing credit privileges or continuation of credit to a customer.

The Undersigned warrants the information listed on this application to be true, correct, and complete to his/her knowledge.

Printed Name _____ Title _____

Signature _____ Date _____

Estimate amount of credit your company is requesting: \$ _____
***** Please fill out and fax back to 815-725-2136 *****
Account Information Needed Prior to Rental,
If you have any questions, please call Stephanie at 815-725-1794
