



Phone: 888-392-4708  
www.slaymakerrentals.com

## Credit Application

### Company Information

Company Name \_\_\_\_\_  
Street Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Phone \_\_\_\_\_ Fax \_\_\_\_\_ Email \_\_\_\_\_ Type  
of Business \_\_\_\_\_ Year Established \_\_\_\_\_  
Tax Exempt? Yes \_\_\_\_\_ No \_\_\_\_\_ Tax Exemption Number\* \_\_\_\_\_

\* If tax exempt, please include copy of tax exemption documentation

### Personnel

Name	Title	Phone	Email
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

### Owner(s)- Required

Name	Title	Phone	Email
_____	_____	_____	_____
_____	_____	_____	_____

### Bank Information

Bank Name \_\_\_\_\_ Account # \_\_\_\_\_  
Street Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Contact \_\_\_\_\_ Phone \_\_\_\_\_

## References

*No credit card or bank references will be accepted. Three references are required to complete this application.*

Name \_\_\_\_\_  
Street Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Phone \_\_\_\_\_ Email \_\_\_\_\_ Account # \_\_\_\_\_

Name \_\_\_\_\_  
Street Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Phone \_\_\_\_\_ Email \_\_\_\_\_ Account # \_\_\_\_\_

Name \_\_\_\_\_  
Street Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Phone \_\_\_\_\_ Email \_\_\_\_\_ Account # \_\_\_\_\_

I certify that the above information is true and correct to the best of my knowledge and I authorize Slaymaker Rentals to retrieve information from listed vendors as well as the financial institution provided.

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

**Please return this form to [credit@slaymakerrentals.com](mailto:credit@slaymakerrentals.com)**