



BCI RENTALS

2087 Frankstown Rd
Hollidaysburg, PA 16648
Phone: 814 695-6839
Fax: 814 695-1564

CONFIDENTIAL APPLICATION FOR CREDIT

PLEASE TYPE OR PRINT

BUSINESS NAME _____

BUSINESS ADDRESS _____ PHONE _____

_____ FAX _____

TYPE OF BUSINESS _____ NO. YEARS IN BUSINESS _____

NAME OF OWNER _____

BANK REFERENCES _____

BANK ADDRESS _____ PHONE _____

TRADE REFERENCES

NAME ADDRESS

1. _____
PHONE _____ FAX _____

2. _____
PHONE _____ FAX _____

3. _____
PHONE _____ FAX _____

NOTE: Terms are net 30 days. A Finance Charge of 1.5% per month on all past due accounts. Applicant agrees to pay all collection cost and attorney fees, if account becomes necessary to refer for collection.

A faxed copy of this application will be treated just as an original.

I hereby authorize BCI to verify credit information. I certify that all the information is true and correct.

SIGNATURE _____ TITLE _____ DATE _____

PRINT NAME _____