



FSR Credit Dept use ONLY	
Customer ID: _____	Approved by: _____
Credit Limit: \$ _____	Date _____

Please Email or fax this form to: (305) 292-4808 Attn: Credit Manager
Fourstarrentals@aol.com

CONFIDENTIAL APPLICATION FOR CREDIT/CHARGE ACCOUNT STATUS

Company Name: _____

Billing Address: _____

City, State, Zip: _____

Phone: _____ **Email:** _____

Fax: _____ **Cell:** _____

FEIN, DL# or ID# (such as Contractor's Lic#): _____

SSN or DUNS#: _____

Website: _____

Instructions (PLEASE READ BEFORE CONTINUING) :

- 1. Fill out this form COMPLETELY. Missing information may delay the processing of your application. If we have ALL pertinent info, this can be approved in as little as one day.**
- 2. For Construction Projects: Copies of the "Bond Cover Letter" or the "Notice of Commencement" can save time with account approval. And we need such information to comply with Florida State Law.**
- 3. We CANNOT list you as TAX EXEMPT without a completed, signed "TAX EXEMPT Certificate" for our records.**
- 4. Keep your "Authorized Renters List" updated. Fax or email us with any changes as they happen. This will keep you account safe from unauthorized use.**
- 5. When filling out the "Trade References", please include fax #'s for the Credit Dept. of each Vendor. If at all possible, call your vendors and let them know that FSR will be faxing them a Credit Reference Form for them to fill out. How soon we receive responses from Vendors will greatly determine how fast we can process this application.**

CONFIDENTIAL APPLICATION FOR CREDIT/CHARGE ACCOUNT STATUS

Owner's Name: _____

Owner's Address: _____

City, State, Zip: _____

Phone: _____

Local Contact's Name: _____

Phone: _____ Cell: _____

Job Primary Location: _____

Approx. Timeframe of Job: _____

Are you Tax Exempt? : _____ YES _____ NO

If YES, attach signed copy of "Tax Exempt Certificate".

Is this a Bonded Job? : _____ YES _____ NO

If YES, attach copy of Bond Cover Letter. If NO, attach copy of "Notice of Commencement".

Are you working as a Sub-Contractor? _____ YES _____ NO

If YES, the Company you are working for:

Company Name: _____

Billing Address: _____

City, State, Zip: _____

Phone: _____ Fax: _____

Are Purchase Orders required? _____ YES _____ NO

Are Job#'s/PO#'s required on Rental Contracts? : _____ YES _____ NO

Authorized Renters List*:

Name: _____ DL#: _____

*This is optional and only a safeguard for you. If you choose to fill this out, FSR will ask for ID at time of rental.

Credit Card Information – REQUIRED FOR ALL CHARGE ACCOUNT

Card #: _____

Expiration: _____

Name on Card: _____

-Please include a copy of both sides of the above listed credit card.-

- I authorize Four Star Rentals, Inc. to use the above listed credit card to pay any unpaid balance on this account in the event that my company fails to comply with Four Star Rentals, Inc.’s terms of payment. And I also understand that Four Star Rentals, Inc. will make every effort to contact my company before any such charges are made to this card.
- I personally guarantee ALL debts incurred to Four Star Rentals, Inc. for tool and equipment rentals, repairs and purchases.
- I understand that all balances shall be paid within 30 days. I further acknowledge and agree that any balances over 30 days are subject to finance charges at the rate of 1 ½ % per month and agree to pay any and all finance charges that may incur.

Owner’s Signature Date

Bank References:

Bank Name: _____

Bank Address: _____

City, State, Zip: _____

Phone: _____ Contact: _____

Account#: _____



Trade References:

Vendor Name: _____ Account#: _____

Address: _____

City, State, Zip: _____

Phone: _____

Fax: _____

Contact: _____

Trade References:

Vendor Name: _____ Account#: _____

Address: _____

City, State, Zip: _____

Phone: _____

Fax: _____

Contact: _____

Trade References:

Vendor Name: _____ Account#: _____

Address: _____

City, State, Zip: _____

Phone: _____

Fax: _____

Contact: _____

Trade References:

Vendor Name: _____ Account#: _____

Address: _____

City, State, Zip: _____

Phone: _____

Fax: _____

Contact: _____

Trade References:

Vendor Name: _____ Account#: _____

Address: _____

City, State, Zip: _____

Phone: _____

Fax: _____

Contact: _____

Authorization to Release Financial Information:

To Whom It May Concern:

Please accept this notice as your authorization to release the requested information regarding our account with your institution to Four Star Rentals, Inc. A copy of this authorization may be used as an original.

Authorized by: _____

Date: _____

Company Name: _____

Address: _____