



134 Tiffin Street
 BARRIE, ONTARIO L4N 2N4
 Tel: (705) 728-8585 Fax: (705) 728-8232
 Toll Free: 1-866-728-7575

APPLICATION FOR CREDIT

CUSTOMER INFORMATION

LEGAL COMPANY NAME IN FULL		PLEASE PRINT OR TYPE		DATE OF APPLICATION	
				MM	DD
TRADE NAME SAME <input type="checkbox"/> OR				<input type="checkbox"/> PROPRIETORSHIP <input type="checkbox"/> PARTNERSHIP <input type="checkbox"/> CORPORATION	
ADDRESS	STREET	UNIT NO.	CITY	PROVINCE	POSTAL CODE
NOTE IF P.O. BOX ABOVE PLEASE FILL IN ACTUAL LOCATION ADDRESS			TEL. NO. (INCL. AREA CODE)	FAX NO. (INCL. AREA CODE)	

TYPE OF BUSINESS

<input type="checkbox"/> HOMEBUILDER (HB)	<input type="checkbox"/> HEATING / AIR CONDITIONING / REFRIGERATION (HTG)	<input type="checkbox"/> PROPERTY MAINTENANCE / MANAGEMENT (PM)	<input type="checkbox"/> INDUSTRIAL / COMMERCIAL BUILDER (ICB)	<input type="checkbox"/> ELEVATOR/INSTALLATION/REPAIR (ELV)	
<input type="checkbox"/> PLUMBING (PLB)	<input type="checkbox"/> MANUFACTURING (MAN)	<input type="checkbox"/> GENERAL CONTRACTOR (GEN)	<input type="checkbox"/> MECHANICAL (MEC)	<input type="checkbox"/> DEMOLITION (DEM)	
<input type="checkbox"/> RENOVATOR (REN)	<input type="checkbox"/> ELECTRICAL (ELE)	<input type="checkbox"/> LANDSCAPING (LAN)	<input type="checkbox"/> DEVELOPER (DEV)	<input type="checkbox"/> OTHER _____	
NUMBER OF EMPLOYEES _____		ESTIMATED ANNUAL RENTAL VOLUME \$ _____	DATE OF REGISTRATION/INCORPORATION		
			MM	DD	YY

PRINCIPALS

CONTACTS

NAME IN FULL	<input type="checkbox"/> PARTNER	FINANCE / ADMINISTRATION _____ ACCOUNTS PAYABLE _____ PURCHASING _____ PROJECT / JOB MANAGER _____
	<input type="checkbox"/> SOLE OWNER	
	<input type="checkbox"/> SIGNING OFFICER	
RESIDENTIAL ADDRESS	CITY	POSTAL CODE
DRIVERS LICENSE NUMBER	TEL. NO. (INCL. AREA CODE)	
NAME IN FULL	<input type="checkbox"/> PARTNER	
	<input type="checkbox"/> SOLE OWNER	
	<input type="checkbox"/> SIGNING OFFICER	
RESIDENTIAL ADDRESS	CITY	POSTAL CODE
DRIVERS LICENSE NUMBER	TEL. NO. (INCL. AREA CODE)	

RENTAL INSTRUCTIONS (SEE SEC. 4 ON REVERSE)

<input type="checkbox"/> OBTAIN WRITTEN P.O. ONLY	<input type="checkbox"/> SHOW JOB SITE ON INVOICE	<input type="checkbox"/> RENT ONLY TO _____
<input type="checkbox"/> PHONE OFFICE FOR AUTHORIZATION AND/OR P.O.		
<input type="checkbox"/> OTHER INSTRUCTIONS (SPECIFY) _____		

BANK REFERENCE

NAME	ADDRESS	TEL. NO. (INCL. AREA CODE)	ACCOUNT NO.

LIST THREE REFERENCES YOU HAVE ESTABLISHED CREDIT WITH
 THIS REFERENCE SECTION MUST BE COMPLETED IN ORDER TO PROCESS YOUR APPLICATION WITHOUT DELAY

COMPANY NAME	ADDRESS	TEL. NO. (INCL. AREA CODE)	FAX NO. (INCL. AREA CODE)

I hereby represent that I am authorized to submit the application for credit on behalf of the customer named above. I/we hereby authorize Barrie Rent-All Inc. to investigate references listed pertaining to my/our credit and financial responsibility.

I, the applicant and the undersigned (A) certify all the information provided to be true & complete, (B) Authorize and consent to the provision of account information and credit information from and to Credit Grantors, Bank Institutions, Credit Bureaus, and Suppliers of Service, (C) acknowledge and agree to abide by the terms and conditions set out on the reverse side of this application for credit.

In consideration of and as an incentive to Barrie Rent-All Inc., to make available to the applicant credit facility, the undersigned hereby irrevocably and unconditionally personally guarantees, accepts and acknowledges joint and several liability for all amounts now due or may be due in the future.

NAME (PLS. PRINT) _____ SIGNATURE _____ TITLE _____ DATE _____