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CREDIT APPLICATION

COMPANY NAME	NO. OF YEARS IN BUSINESS
STREET/MAILING ADDRESS	CITY POSTAL CODE
ACCOUNTS PAYABLE CONTACT	TELEPHONE NO. TYPE OF BUSINESS
PROVINCIAL SALES TAX EXEMPTION NUMBER: _____	

PO REQUIRED? YES <input type="checkbox"/> NO <input type="checkbox"/>	WRITTEN <input type="checkbox"/> NUMBER ONLY <input type="checkbox"/>	AUTHORIZED PERSON: _____
JOB NUMBER REQUIRED YES <input type="checkbox"/> NO <input type="checkbox"/>	SITE LOCATION _____	SITE CONTACT _____
HAS ANYONE FROM ACTION AERIAL BEEN IN CONTACT WITH YOU? YES <input type="checkbox"/> NO <input type="checkbox"/>		
COMMENTS: _____		

OWNERS/OFFICERS	HOME ADDRESS	HOME PHONE
1. _____	_____	_____
2. _____	_____	_____
3. _____	_____	_____
AFFILIATED COMPANIES _____		

COMPANY BANK NAME	ACCOUNT NUMBER	TELEPHONE NO.	CONTACT
_____	_____	_____	_____
TRADE REFERENCES NAME	CONTACT	TELEPHONE NO.	FAX NO.
1. _____	_____	_____	_____
2. _____	_____	_____	_____
3. _____	_____	_____	_____

PAYMENT TERMS: NET 30 DAYS Overdue accounts charged 2% per month. Customer agrees to pay for any collection costs.

I hereby certify that the above information is correct and agree to the above terms and conditions. I authorize Action Aerial Equipment Rentals Ltd to obtain and exchange credit information on the above parties.

APPLICANTS SIGNATURE: _____ DATE: _____

FOR OFFICE USE ONLY

ACCOUNT NO: _____	CREDIT LIMIT: _____	APPROVED BY: _____
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