



American Aerial Equipment
 45 Alice Agnew Drive
 North Attleboro, MA 02763
 508-456-7300
 401-780-0700
 Fax: 508-316-4077

APPLICATION FOR CREDIT

Business Name: _____

Business Address: _____

Telephone: () _____ Fax: () _____ Email: _____

Type of Business: _____ Owner/Principle: _____

Dunn & Bradstreet No.: _____ Credit Amount Requested: _____

Personnel Authorized to order equipment: _____

Bank Reference: *Name, Address, Telephone and Account Number (Mandatory)*

Bank Name _____ **Account No.** _____

Address _____ **Telephone** _____

Please attach an insurance certificate naming American Aerial Equipment as Loss Payee; additional insured and Contractor's equipment per sample attached, or there will be a charge for insurance coverage (D/W) for loss due to theft and/or vandalism.

() I ACCEPT () I DECLINE THE DAMAGE WAIVER (D/W) .

Three (3) trade references: *Name, Address, Telephone number and Fax number.*

- 1.) _____
- 2.) _____
- 3.) _____

Is your company tax exempt? () NO () YES If yes, a completed exemption certificate must accompany this application. If not, you will be charged tax.

Our Credit Terms are Net 30 Days, payable upon receipt. A service charge of 1.5% monthly, 18% annually will be imposed on all past due accounts.

In consideration of an extension of credit, the undersigned hereby unconditionally personally guarantees prompt payment and performance to American Aerial Equipment. The undersigned agrees that this is a continuing guarantee and shall be applicable to any and all balances, including service charges, interest, collection costs, and/or attorney fees until the account is paid in full and is mutually cancelled by both parties.

We, hereby authorize American Aerial Equipment to contact the above references and authorize such references to release credit information to American Aerial Equipment .

We agree to the credit terms listed above and lessee submits to Massachusetts jurisdiction for collection.

 Signature

 Printed Name

 Date

 Social Security No.