

724 South West Street
Dover DE 19904
www.doverrentall.com



302-674-1177
302-674-8485 Fax

CREDIT APPLICATION AND AGREEMENT

Company Name _____ Requested Credit Line \$ _____
DBA _____ Federal ID # _____
Address _____ Phone # _____
_____ Fax # _____
City, State, Zip _____ A/P Phone # _____
Email address _____ A/P Contact Name _____
Type of Business: Corp. Proprietorship Partnership
Do you require a job name on orders? Yes No PO Number? Yes No Written PO? Yes No

Authorized Signatures: _____

List Name(s) of job sight, Superior and Job Phone: _____

Sales Tax Status: Taxable Tax Exempt

If tax Exempt, Please enclose a current signed certificate, Completed to "Dover Rent-All"

Does applicant accept Damage Waiver Coverage? Yes No

If No, Please forward a Certificate Of Insurance, Completed to "Dover Rent-All"

Major Trade Reference (Please furnish complete mailing addresses, account numbers & fax numbers)

| NAME | STREET ADDRESS | CITY, STATE, ZIP | FAX NUMBERS | ACCOUNT # |
|------|----------------|------------------|-------------|-----------|
| | | | | |
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| | | | | |

Bank References

| NAME | CITY, STATE, ZIP | PHONE NUMBERS | ACCOUNT # |
|------|------------------|---------------|-----------|
| | | | |
| | | | |

Name of Owners: Sole Proprietor, Partners, Officers, or Principal Stockholders

THE PERSON SIGNING THIS AGREEMENT STATES THAT HE/SHE HAS THE RIGHT TO OBLIGATE THE APPLICANT, THAT THE APPLICANT IS A VALID

| NAME | CITY, STATE, ZIP | PHONE NUMBERS | SOCIAL SECURITY # |
|------|------------------|---------------|-------------------|
| | | | |
| | | | |

BUSINESS ENTITY AND THE APPLICANT HAS AUTHORIZED THE EXECUTION OF THE AGREEMENT. APPLICANT HEREBY AUTHORIZES DOVER RENT-ALL TO INVESTIGATE THE CREDIT WORTHINESS OF THE APPLICANT AND THE OWNERS OF THE APPLICANT WITH ANY SUPPLIERS, FINANCIAL INSTITUTIONS, CREDIT BUREAUS OR CREDIT REPORTING AGENCIES. AS AN INDUCEMENT TO DOVER RENT-ALL TO EXTEND CREDIT TO THE APPLICANT THE INFORMATION ON THIS PAGE AND THE FOLLOWING PAGES IS OFFERED AND SAID TO BE TRUE. IN CONSIDERATION OF DOVER RENT-ALL EXTENDING CREDIT TO THE APPLICANT, THE APPLICANT AGREES TO PAY ALL ITEMS DELIVERED TO, OR AT THE REQUEST OF, THE APPLICANT, OR PICKED UP BY THE APPLICANT, IN ACCORDANCE WITH THE TERMS OF EACH INVOICE. APPLICANT AGREES THAT EACH OF THE TERMS AND CONDITIONS OF THE SALE STATED ON THE INVOICES SHALL BE A TERM OF THE CONTRACT OF EACH SALE FROM DOVER RENT-ALL TO THE APPLICANT.

IN THE EVENT THAT PAYMENT ON ACCOUNT IS MADE BY CHECK, SHOULD THE CHECK BE DISHONORED FOR ANY REASON, THE APPLICANT/ BUYER SHALL PAY A RETURNED CHECK CHARGE IN THE AMOUNT OF \$30.00.

Type of business? _____ Years in business? _____
 Have you ever been in business before? Yes No
 If Yes, Under what name? _____
 Have you ever had credit with Dover Rent-All? Yes No
 If Yes, Under what name? _____

Has applicant or any of its principals ever sued or filed for bankruptcy? Yes No
 If yes, give date, state, and name in which bankruptcy or suit was filed or defended

Has a tax lien or civil suit been filed against applicant or any of its principals within the last six years? Yes No
 If yes, under what name? _____
 Have you ever been bonded? Yes No Type: Payment Performance
 Surety Co. Name _____ Address _____ Phone _____

The applicant acknowledges that a monthly service charge of the 1.5% per month (APR 18%) shall be charged on all invoices 30 days past due and appear only on monthly summary statements and the applicant agrees to promptly pay all the said service charges.

Additional service charges shall and will be due and payable every month thereafter. Waiver of any one or more service charges shall not be deemed to be a waiver of future service charges. The applicant further agrees that with regard to such service charges, the applicant and Dover Rent-All are parties to a written commercial contract. In the event that Dover Rent-All deems it necessary to ask for a 3rd party intervention for collection of debt, reasonable fees will be pursued and agreed to by all party's entering this contract. Applicant agrees to pay a reasonable collection fee in the amount of forty (40) percent of total indebtedness, plus cost. It is further acknowledged and understood that the applicant has read this entire application and agreement, that all terms and conditions are understood and accepted unconditionally, and that all information contained herein is true and correct to the best of applicant's knowledge and belief.

Owner's Information

Name _____
 Address _____
 City, State, Zip _____
 Social Security # _____
 Home Phone # _____

Name _____
 Address _____
 City, State, Zip _____
 Social Security # _____
 Home Phone # _____

_____ Date _____ Print Name of Signer _____ Authorized Signer _____

Personal Guarantee

In consideration of credit being extended by Dover rent-All to the above name applicant for merchandise to be purchased regardless of whether applicant is an individual or individuals, a proprietorship, a partnership, a corporation, or other entity, the undersigned guarantor(s) hereby contracts and guarantees to Dover Rent-All the faithful payment when due, of all accounts of said applicant for purchases made. The undersigned guarantor(s) hereby expressly waive(s) all notice of acceptance of this guaranty, notice of extension of credit to applicant, presentment, and demand for payment on applicant, protest and notice to undersigned guarantor(s) of dishonor or default by applicant or with respect to any security held by Dover Rent-All, extension of time of payment to applicant, acceptance of partial payment or partial compromise, together with all other notices to which the undersigned guarantor(s) might otherwise be entitled and demand for payment under this guaranty. Any revocation of this guaranty should be in writing and delivered by certified mail return receipt requested to CREDIT MANAGER, DOVER RENT-ALL, 724 SOUTH WEST STREET, DOVER DE 19904. Guarantor(s) intend(s) this to be a contract under seal. If this is a joint guaranty, guarantors agree to be jointly and severally liable under the terms of this guaranty.

_____ Date _____ Print Name of Signer _____ Authorized Signer _____

_____ Date _____ Print Name of Signer _____ Authorized Signer _____

WHEN PERSONALLY SIGNING THIS SECTION OF THE APPLICATION, DO NOT USED EITHER THE CORPORATION'S SEAL OR YOUR CORPORATE TITLE. YOUR FAXED SIGNATURE ON THIS APPLICATION SHALL OPERATE AS AN ORIGINAL.