



# Credit Application

Phone (610) 376-3896

1340 Centre Avenue  
Reading, PA 19601

**Company Name** \_\_\_\_\_  
 Street Address \_\_\_\_\_  
 City, State, Zip Code \_\_\_\_\_  
 Phone (\_\_\_\_\_) \_\_\_\_\_ Fax (\_\_\_\_\_) \_\_\_\_\_  
 Nature of Business \_\_\_\_\_  
 Type of Business (check one)     Proprietorship     Partnership     Corporation  
 Years in Business \_\_\_\_\_ Years at Current Address \_\_\_\_\_  
 Credit Amount Requested \$ \_\_\_\_\_ EIN/SSN \_\_\_\_\_

**Ownership**

Name \_\_\_\_\_ Title \_\_\_\_\_  
 Social Security Number \_\_\_\_\_  
 Address \_\_\_\_\_  
 City, State, Zip Code \_\_\_\_\_

Name \_\_\_\_\_ Title \_\_\_\_\_  
 Social Security Number \_\_\_\_\_  
 Address \_\_\_\_\_  
 City, State, Zip Code \_\_\_\_\_

**Financial**

Bank \_\_\_\_\_ Contact \_\_\_\_\_  
 Address \_\_\_\_\_ Phone \_\_\_\_\_  
 City, State, Zip Code \_\_\_\_\_

**Trade References**

Business Name \_\_\_\_\_ Fax \_\_\_\_\_ Acct # \_\_\_\_\_  
 Address \_\_\_\_\_ Phone \_\_\_\_\_  
 City, State, Zip Code \_\_\_\_\_

Business Name \_\_\_\_\_ Fax \_\_\_\_\_ Acct # \_\_\_\_\_  
 Address \_\_\_\_\_ Phone \_\_\_\_\_  
 City, State, Zip Code \_\_\_\_\_

Business Name \_\_\_\_\_ Fax \_\_\_\_\_ Acct # \_\_\_\_\_  
 Address \_\_\_\_\_ Phone \_\_\_\_\_  
 City, State, Zip Code \_\_\_\_\_

I understand that my signature gives approval for Reading Rentals to inquire into my credit rating with the above listed businesses and through the Credit Bureau of Reading and Berks. I certify that all the information on this form is correct, and that the company fully understands your credit terms and agrees to proper payment in consideration of extended credit.

Signature \_\_\_\_\_ Title \_\_\_\_\_ Date \_\_\_\_\_

**Please Circle the Number that most closely describes the nature of your business:**

- |                                     |   |
|-------------------------------------|---|
| 1. Paving                           | 14. Industrial                              |
| 2. Home Builder                     | 15. Landscaping                             |
| 3. Business Office                  | 16. Masonry Contractor                      |
| 4. Excavating                       | 17. Government                              |
| 5. Apartment, Cemetary, Institution | 18. Roofing Contractor                      |
| 6. Commercial                       | 19. Non-Profit                              |
| 7. Concrete Contractor              | 20. Plumbing, Mechanical, Sheet Metal, HVAC |
| 8. Consumer                         | 21. Retailer                                |
| 9. Painting, Sandblasting, Drywall  | 22. Remodelling                             |
| 10. Electrical Contractor           | 23. Special                                 |
| 11. General Contractor              | 24. School                                  |
| 12. Hotel / Motel                   | 25. Other _____                             |
| 13. Janitorial Service              |   |

**Credit Limit Requested:** \$ \_\_\_\_\_

**Do you require a purchase order?** \_\_\_\_\_

Verbal \_\_\_\_\_ Written \_\_\_\_\_

Must number appear on invoice? \_\_\_\_\_

**PA Sales Tax exempt** (circle one) YES NO

*If yes, please enclose a signed certificate including reason and tax exempt number.*

**May only certain people charge to your account?** \_\_\_\_\_

*If yes, please list them below and notify us of any changes as they occur.*

_____	_____
_____	_____
_____	_____

**Do you require a jobsite / number / location on invoice?** \_\_\_\_\_

(circle all that apply)

**Should we call your office for approval of any transactions?** \_\_\_\_\_

**For out-of-town contractors with a local job:**

Job Location \_\_\_\_\_ Job Phone \_\_\_\_\_

Foreman \_\_\_\_\_