

CREDIT APPLICATION Must have a recent rental

history of 6 months and a minimum of \$6,000.00 rental total.

Name_	Company	
City	Billing Address	
	State Zip Code Phone Fax	
City	Street Address	
	State Zip Code Type of Business: Corporation LLC Partnership Proprietorship	
	If Division or Subsidiary, give name and location of Parent Co.	
	Name of Officers or Owners	
		_ Title
		_ Title
	Bank Reference	Phone
City	Address	_

	State Zip Co	ode	Contact		Ext	
		·		E NUMBER, <mark>EMAIL ADDRESS</mark>		
	2					
				Phone#		
With my signature, I authorize on behalf of above business, the release of financial inform related to above business						
	To the authorized	d employees of	First Source. By			
	Title			Printed Name		

FAX to 336-227-6276 OR mail to PO Box 1304 Burlington, NC 27216 OR email to accounting@firstsourceequipment.com