



13 Convenient Locations

Main Office: 215 E. Sixth Street Newport, KY 41071 Tel: 859-431-4519 Fax: 859-431-3697

- Florence, KY Erlanger, KY Cold Spring, KY Dry Ridge, KY Louisville-East, KY Louisville-South, KY Amelia, OH Sharonville, OH Franklin, OH Riverside, OH Dayton, OH Lawrenceburg, IN

Please note that the information contained in this file is for the purpose of establishing you with a line of credit that will meet your needs. The more information we have the better we can serve you. Please complete this credit application in full. We thank you in advance for your time and cooperation, and look forward to doing business with you.

Credit Department

Please allow 2-3 days for your credit application to be processed.

TYPE OF ACCOUNT (Check One) Individual (Non-Business) Business (Less than 5 years old) Business (Over 5 years old) Credit Line Requested \$

SECTION A PRINCIPAL / OWNER

NAME Last Middle Initial First HOME PHONE # ADDRESS Street City State Zip Code DRIVERS LICENSE# SOCIAL SECURITY # BIRTH DATE HOW LONG AT CURRENT RESIDENCE YEAR(S) MONTH(S) FAX # (Check One) BUYING: MORTGAGOR RENTING: LANDLORD PREVIOUS ADDRESS (If at current address less than 3 years) NEAREST RELATIVE NOT LIVING WITH YOU CHECKING ACCOUNT WITH ACCOUNT # SAVINGS ACCOUNT WITH ACCOUNT #

SECTION B JOINT APPLICANT / PARTNER / PRINCIPAL

NAME Last Middle Initial First HOME PHONE # ADDRESS Street City State Zip Code DRIVERS LICENSE# SOCIAL SECURITY # BIRTH DATE HOW LONG AT CURRENT RESIDENCE YEAR(S) MONTH(S) FAX # (Check One) BUYING: MORTGAGOR RENTING: LANDLORD PREVIOUS ADDRESS (If at current address less than 3 years) NEAREST RELATIVE NOT LIVING WITH YOU CHECKING ACCOUNT WITH ACCOUNT # SAVINGS ACCOUNT WITH ACCOUNT #

SECTION C

BUSINESS INFORMATION

FULL COMPANY NAME _____
 BILLING ADDRESS _____
Street/Box # City State Zip Code

SHIPPING ADDRESS _____
Street City State Zip Code

BUSINESS PHONE # _____ FAX # _____ FEDERAL ID# _____

(Check One) SOLE PROPRIETOR PARTNERSHIP CORPORATION HOW LONG IN BUSINESS? _____

COMPANY CHECKING _____
Bank Address City State

LOANS _____
Bank Address City State

PRINCIPALS OF COMPANY

Name	Title	Address	City	State	Zip Code

SECTION D

CREDIT REFERENCES / MISC.

CREDIT REFERENCES (No Bank or Credit Card Companies Please)

1) _____
Company Phone # Address City State

2) _____
Company Phone # Address City State

3) _____
Company Phone # Address City State

4) _____
Company Phone # Address City State

* ARE PURCHASE ORDERS REQUIRED? YES NO
 * ARE JOB NAMES REQUIRED? YES NO
 * ARE YOUR PURCHASES TAX EXEMPT? YES NO
If YES, please attach a copy of your Tax Exempt Certificate.
 State Law requires us to obtain a copy. Note that tax will be charged until we receive the proper form.

* LIST ALL PERSONS AUTHORIZED TO USE THIS ACCOUNT:

* NAME OF PERSON WHO COMPLETED APPLICATION (Please Print) _____

SECTION E

CREDIT AGREEMENT

- The Undersigned(s) grant Art's Rental permission to investigate/verify credit information.
 - The Undersigned(s) grant Art's Rental permission to report to proper agencies and/or credit bureaus the performance of this agreement.
 - The Undersigned(s) acknowledge the terms of this agreement. Any amount past due will be assessed a 2% service charge per month (annual rate 24%), net 30 days from the billing date of invoice.
 - The Undersigned(s), in states where permitted, agrees to pay, in addition to all sums due, all reasonable costs of collection and suit, including attorney fees.
 - By executing this credit application/contract, the Undersigned(s) jointly and severally if more than one (1), agrees to comply with all provisions thereof, and to pay all sums and charges on this or any account opened and/or maintained in my name, including purchase costs of materials and service charges, incurred by me or by my agents.

The Undersigned(s) Personally Guarantee(s)
 the Performance of this Credit Agreement.

Acknowledgement of Applicant

Personal Guarantee _____ Date _____
 Personal Guarantee _____ Date _____

Signature of Applicant _____
 Print Name _____

**APPLICATION WILL NOT BE PROCESSED WITHOUT SIGNATURE

Title _____

CREDIT DEPARTMENT

Reference	Phone #	Date Open	High Credit	Terms	Balance	How Pay