## **Equip-Co Unlimited NY LLC**

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## RENTAL APPLICATION Today's Date: Date Business Began: Company Name: Billing Address: State and Zip Code: City: **Shipping Address:** City: State and Zip Code: Telephone #: **Email Address:** FIN or S.S. #: Type: [ ] Corp [ ] Individual [ ] Partnership Tax Exempt # P.O. Required? [ ] Yes [ ] No (certificate required): **OFFICERS AND CONTACT PERSONS** Officer: Officer: Title: Title: Address: Address: City, State, Zip: City, State, Zip: Telephone #: Telephone #: Social Security #: Social Security #: A/P Contact: A/P Telephone #: I agree to payment terms of Net 30 Days from the invoice date. I understand that my account is subject to a 1.1/2 % monthly (18% annum) service fee for all invoices over 30 days. Accounts that reach 60 days will automatically by placed on C.O.D. status. Submitted by: Signature:

Date:

Telephone #: