



Phone 616-399-RENT (7368)
Fax 616-399-6756

3443 Highland Dr, Hudsonville, MI 49426

CREDIT APPLICATION

CUSTOMER SET-UP INFORMATION

Account Name: _____ Phone: _____
Billing Address: _____ A/P Contact: _____
City: _____ State: _____ Zip Code: _____ A/P Phone: _____
Would you like to receive invoicing via (circle one) MAIL FAX EMAIL
A/P Email: _____

Principal(s)

Name: _____ Address: _____ S.S.# _____
Name: _____ Address: _____ S.S.# _____
Has any principal of the business filed bankruptcy? _____ When? _____ Explanation: _____

Do you use PO'S _____ Authorized Person(s) to issue PO: _____
Nature of Business: _____ Date Established: _____ FED ID# _____
Business type: Corporation LLC Partnership Proprietorship
Are you Tax Exempt? _____ If yes, please provide MI Tax Exempt Certificate
Bank: _____ Contact: _____ Phone: _____
Address: _____ Account#: _____

Trade References

Company name: _____ Company name: _____
Address: _____ Address: _____
City: _____ State: _____ Zip: _____ City: _____ State: _____ Zip: _____
Phone: _____ Fax: _____ Phone: _____ Fax: _____
Contact: _____ Contact: _____
Company name: _____ Company name: _____
Address: _____ Address: _____
City: _____ State: _____ Zip: _____ City: _____ State: _____ Zip: _____
Phone: _____ Fax: _____ Phone: _____ Fax: _____
Contact: _____ Account# _____ Contact: _____ Account# _____

The above information is given for the purpose of obtaining credit and is warranted to be true. We affirm that we are financially able to meet our obligations and will remit in accordance with the invoice terms. I/We hereby authorize all of the above named persons or companies to release to Magnum Equipment LLC or its representatives, such information with regard to my/our financial condition as may be reasonable and have a bearing on this application. I/we authorize Magnum Equipment LLC to obtain a consumer credit report on my/our personal credit history if necessary, in accordance with the Federal Fair Credit Reporting Act, and to use this report in making decisions concerning my/our credit worthiness for a 30-day account. I/we understand a personal guarantee may be required. If I/we refuse to sign this application, I/we will not be considered for credit with Magnum Equipment LLC. A credit limit may be established at discretion. Applicant agrees to pay any collection costs incurred to collect the unpaid balance, including interest on the unpaid balance, as allowed by state law, and any reasonable attorney fees

Owner/Officer's Signature _____ Date _____

ALL INFORMATION MUST BE FILLED OUT COMPLETELY TO BE PROCESSED