

TAYLOR RENTAL CENTER CREDIT APPLICATION

2224 SR 8 W, Auburn, IN 46706

www.taylorrentalusa.com

Phone: 260-925-3000

Fax: 260-333-0501

Name / Address

Last:	First:	Middle Initial:	Title:
Legal Name of Business:			Tax ID #:
Trade Name (if any):			
Location Address:			
City:	State:	Zip:	Phone:
Billing Address (if different from above):			
City:	State:	Zip:	Phone:

Company Information

Type of Business:	Year Business Began:
Corporation <input type="checkbox"/>	Partnership <input type="checkbox"/>
Individual <input type="checkbox"/>	
Accounts Payable Contact Person:	Phone: Fax: Email:
Are purchase orders required?	Sales Tax Exempt? Yes <input type="checkbox"/> No <input type="checkbox"/>
Yes <input type="checkbox"/> No <input type="checkbox"/>	If yes, attach certificate with number
Owner, Partner or Principal Officer:	Phone:
Home Address:	
City:	State: Zip:

Trade References

Company Name:	Phone:	Fax:
Address:	Accounts Receivable Contact Person:	
City:	State:	Zip:
Company Name:	Phone:	Fax:
Address:	Accounts Receivable Contact Person:	
City:	State:	Zip:
Company Name:	Phone:	Fax:
Address:	Accounts Receivable Contact Person:	
City:	State:	Zip:

Return to: Taylor Rental Center Attn: Accounting Dept Fax: 260-333-0501 Email: accounting@taylorrentalusa.com