



**RENTAL DEPOT INC.  
AND PARTY STATION**

1802 7th Street NW • Rochester, MN 55901  
Phone 507-288-2741 • Fax 507-288-3251

**APPLICATION FOR CREDIT**

The information requested below will enable us to more promptly open an account. Please print or type answers below to all questions.

COMPANY \_\_\_\_\_  
Legal Name \_\_\_\_\_

\_\_\_\_\_

Address \_\_\_\_\_ Telephone \_\_\_\_\_

\_\_\_\_\_

Mailing Address if Different \_\_\_\_\_

\_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

\_\_\_\_\_

Telephone \_\_\_\_\_ Fax \_\_\_\_\_

YR. ESTABLISHED \_\_\_\_\_ YRS. AT PRESENT LOCATION \_\_\_\_\_

NAME OF PARENT COMPANY IF SUSIDIARY \_\_\_\_\_

LOCAL JOB/PROJECT \_\_\_\_\_

NATURE OF BUSINESS \_\_\_\_\_

THIS BUSINESS IS ORGANIZED AS: \_\_\_\_\_ INDIVIDUAL BUSINESS \_\_\_\_\_ PARTNERSHIP \_\_\_\_\_ CORP.

FEDERAL ID# \_\_\_\_\_ STATE ID# \_\_\_\_\_

LIST THE NAME AND HOME ADDRESS OF OWNERS, PARTNERS, OR CORPORATE OFFICERS.

- 1.
- 2.
- 3.

## TRADE REFERENCE

REFERENCES: List only names of companies from whom you have made purchases on open account within the last six months.

1) \_\_\_\_\_  
Name Telephone  
\_\_\_\_\_  
Address City State  
\_\_\_\_\_  
ACCT#

2) \_\_\_\_\_  
Name Telephone  
\_\_\_\_\_  
Address City State  
\_\_\_\_\_  
ACCT#

3) \_\_\_\_\_  
Name Telephone  
\_\_\_\_\_  
Address City State  
\_\_\_\_\_  
ACCT#

DO YOU USE PURCHASE ORDERS? \_\_\_\_\_

LIST ONE RENTAL STORE WITH WHOM YOU DO BUSINESS.

\_\_\_\_\_  
Name Telephone  
\_\_\_\_\_  
Address City State

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## BANK REFERENCE

COMMERCIAL ACCT IS CARRIED AT: \_\_\_\_\_  
Bank Name Acct #

\_\_\_\_\_  
Address Phone Contact Person

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CREDIT TERMS: ALL OPEN ACCOUNTS ARE DUE WITHIN 15 DAYS OF BILLING DATE. UNPAID BALANCES ARE SUBJECT TO FINANCE CHARGES OF 1-1/2% PER MONTH FOR AN ANNUAL RATE OF 18%.

Signed by \_\_\_\_\_ Title \_\_\_\_\_ Date \_\_\_\_\_

LOCALLY OWNED & OPERATED SINCE 1963